STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 2 4 2 4

		1-	OR STATE REGISTRAR			EPARTMENT O			OF DEATH?	2	2 4	2	4
5	172 SE	A	ENTO NAM		NOWIN 87-60	MIDDLE	LA		OF	KNOWN X ESTI- MATED	150	7	7b HOUR
	DI NECESSARY, NESSE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS	3 SEX		4. RACE	5. DATE OF BIRTH	J WE 16. AGE (IN	YEARS IF UND	ER LYR. TIFLIND	DER 24 HRS 2c DAT		6-16-87	19 YEAR	2d HOUR
	Z ST	1	7	W	MONTH DAY	YEAR LAST BIRTI	HDAY) MONTHS		MIN PRONOL	INCED	6 16 07	7	1000
	NO NO NO	Zo BII	THPLACE (5	TATE OR	Unkno		YRS.		- 9 BALTI		6-16-87		3:30
			EIGH COUNTRY)			cooming		NEVER MA	RRIED Bal	timore -			
4	25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 CI	Unkno	OF DEATH	Unknow	Th.	WIDOWEI		RCED LISUAL OCC	IPATION (TYPE	OF WORK 126 KIN	ND OF BUT	SINESS
	3 TO THE FI	Ba	ltimor	e	South Ba	ltimore G	eneral		FOR MOST OF WO		OR	RINDUSTR	Y
10717	AND 3 AND 3 RETAIN HOULD	130. ST		13b. COUNT		13¢ CITY OR TOWN		Od. INSIDE CITY LIMITS			99	99	9
2			THER'S NAMI		WIDDLE	LAST	1	5 MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
1	STORE SERVICE	1	, m31	Unknown		4731	DX:	1	Inknown			1	
ALIMO	19		AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. ARM	ED FORCES? VAR OR DAYES)	Unkno	31511	7. INFORMANT	cer Peter		.P.D.	ric	
	2022		18 CAUSE C	OF DEATH (Enter only	one couse per line f						AP	PPROXIMATE I	INTERVAL
N S	E SESSION OF THE SESS		PARTIDE	EATH WAS CAUSED	BY: CAUSE (o)	Methylphe	nidate	and phen	ncyclidine		95144	VEEN ONSET	AND DEATH
270	A SECTION ASSESSMENT OF THE PERSON ASSESSMENT			INVICUINIE		KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK		2 A 11		-			4.00
PRE	SERVE S			ns, if any, which	(b)	intoxicat	ion	1					
× .	NA SEE SE		cause (a) stating the <u>under-</u>	< ''	AS A CONSEQUENC	E OF						
201	NA ANA		lying car	use lost.	(c)		ung	pended 6	-29-87				
RECORDS,	"FENDING" FE MEDICAL FED AS A BUR HEALTH AL, CREM	Z	PART 2 OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TE	RMINAL DISEASE O	R CONDITION GIVEN IN	PART 1 Io				
KE	T CREASE AS LESS	ATIO	19a. DATE OF	OPERATION	196 CONDITI	ION FOR WHICH OP	ERATION WAS	S PERFORMED?			120 A	AUTOPSY?	
TO NO	MA PER PORT	FIC											NO 🗆
	HE WORD "PE THE CHIEF A THE CHIEF A TMENT OF HE TO BURIAL, O	CERTIFICATION	210 EXTERNA	AL CAUSE WAS	21b. TIME OF		21c. HOV	V INJURY OCCUP	RED LENTER NATURE OF	NJURY IN ITEM 18 P		YES X	140
	STHE W TO THE FOULD B		UNDERLYING	OR CAUSE OF DE		MONTH DAY YE 6-?-87 19	AR	gestion (
	CERTIFICATION THE STATE OF TO 1 PRIOR 1	MEDICAL	71d INJURY	OCCURRED	21e PLACE O	FINJURY (AT HOME.	21f LOCA	ALION COLL C	or arags				
	A A A A A A	ME	WHILE AT WORK	NOT WHILE AT WORK	STREETING	NOVMY. ETC.)		known	CITY OR T	own Bal	ltimore,	Mary	71ánd
	TOR: FOR THE STAND,		22a certi			ribed above, held on	Autopsy Suicide .	X, Inspec	tion , Inquir	TV1	d in my opinion		
ľ	CERTIFICACE BE DIECTION OF WITH WARYL		GCOM TESOM	1	- 1	. 1/	outide [],	TITLE (SPECIFY)					
-	RE W.V		ACTUAL SIGNATURE	Mayor	te. The	Yhell	M.D		int_MEDICAL EXA	MINER	DATE SIGNED 6	5-16-8	87
	TO MEDICAL EXAMINES: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	1	EXAMINER'S (TYPE OR PRI	NT) Marc		Korell,M	.DA	DDRESS 111	Penn STre	eet			
84	BP BP	(5	RIAL, CREMA	TION, REMOVAL 23	9-3-87	23c. NAME OF C	EMETERY OR		23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE
N	DHMH - 17	24 FL	INERAL DIREC	TOR	ADDRESS			250_DA	TE REC'D. BY REGISTR 9 1987	AR 256 REGIS	TRAR'S SIGNATI	URE	
	VR A15 ME (5))			Anatomy		Balto	. БМ	SEP	9 198/	Entra de	undern-Kan	dall	

	STATE	OF M	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CF	RTIFL	CATE	OF	DEATH	0

	0 /	REG. N	0.	60	1 4	2
-	20. DATE OF D	-87	MONTH	, DAY	YEAR	3 3 A
	6. AGE (IN YEA	RS LAST BI	RTHDAY}	IF Ut	NDER ! YEAR	IF UNDER 24 HRS

161025 AM	1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	2 2 4	2 5
01323 10		EASED NAME	FIRST	,	MIDDLE	4/	AST	20. DATE OF DEATH	ONTH , DAY YEAR	AN III OII
poge 3	(110)		Sidney		М.	Abb	ott	8-4-87		330
e d e	3. SE			RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		
s of	-	Female		Whit	e	5-6	-1909 ····	78	YRS MONTHS DAT	TS HOURS MIN.
Pog . Pog		RTHPLACE (STATE OR FO	PREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
nerol nerol		Md.		U.S.	A.	WIDOWE	- 4	Balto. Cit	ty	M
ofter d	10 C	ITY OR TOWN OF DEAT					OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 126. KIND	OF BUSINESS OR
by the filed with		Balto.			amaritan		tal	Ret. Self	Imployed I	rinting
filled in ould be	130. 3	Md.	IG HOME OF OTH		Balto.	ADMISSION) N	13d. INSIDE CITY LIMITS?	3004 Sever	ZIP CODE Ly Rd. 2121	14
mARYL ed within mpletely and 2 sh	14 F/	THER'S NAME FIRST Frank	MID	DIE	Meisel		Catherine	MIDDLE	Booker	LAST
e executed an ondecomple Pogés 1 and medical exp		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRES		
Poge ex	1	YES, NO OR UNKNOWN)	(IF TES, GIVE W	AR ON DATES)	217-07-7	7335	Joan A. Gay	, 5 Bideford	Ct. 21234	
BALT cote t cote t popers bvol. nt. the		18. CAUSE OF DEATH	(Enter only o	one cause per SY:			440		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
ertifi ng pl bong rem		1/	MMEDIATE C	CAUSE (a)	Severe	MAN	4 CAPE DI			
10 V				DUE TO, OI	R AS A CONSEQUE					
SE (1) SE		Conditions, if any,	ediate	(b)	A-V	slow				
201 W. PRESTON ST., In this certify and phone points to bone to teme.		underlying cause	lost.	DUE TO, O	R AS A CONSEQUE	NCE OF				
		PART 2 OTHER SIGNI	IFICANT CON	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDI	ITION GIVEN IN PART	I(a·
rolling	Z O					() = (V)				
ow r	CERTIFICATION	190 DATE OF OPERATE	ON	19b. CONDI	ITION FOR WHICH	OPERATION	N WAS PERFORMED		206 IF YES, WERE FINI	
ALK The I	× =							YES NO	YES	NO [
SICIAN: T ng physici certificate miol-fransi frem 18 sh	-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	AUSE OF DE ATH	21b. TIME O HOUR A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY	IN HEM TB PART I OR PART 2	9
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required that the second of the secon	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOW	n COUNTY	STATE
IVISION OF PROPERTY OF THE PRO	¥	WHILE NOT WHILE	E .	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINEE	CITY OR TOWN		STATE
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (t		attended th	e deceased from_	7/2	19 8	7 10 8/4	198	that (I) (we) last
TTEP pito TTO for of H		saw the deceased abave, (I) (we) (die	d alive on_d) (did not)	ew the bady	after death.	8 7, or	nd that in (my) (aur) apınıan	death occurred on the date	e and haur and fram t	he causes stated
OR A DIRECTORE Ched Ched Sept.		226 SIGNATURE		1	1.11-	10	DEGREE			TE SIGNED
Y the Cal Deto			- 4	3.1	all of		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AN	
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote	1	22d. PHYSICIAN'S NAM	ME (TYPE OR PR		galorf1	10	22e. ADDRESS 5601	lock favour 15t	guinad.	
Thoule	1		(hill !	ter of the		Ba	Ut. Nol-		
5 5 × 2 ₹	220	PLIDIAL CREMATION D	EMOVAL I	22L DATE	1 22. 5	LAME OF C	EMETERY OR CREWATORY	1224 LOCATION		

Burial

236. DATE 8-7-87

Dulaney Valley

Balto., Md.

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

				70	5-
348	Vital III				
	and the				
multiplier 6					
San Profession					
Table 1		onimatile.		Penuis	
		e mante			
					Æ
			47.5		
	E. STATE		m		
			-manual Surv surv	Line Liberton	

062091

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	FOR - STATE - REGISTRAR	DEPAK	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	2426
(Tvi	PECEASED NAME FIRST DORKS		Abell	20 DATE OF DEATH MONTH	03-87 26 HOUR
3. SI	Female	CAUCASIN	5. DATE OF BIRTH MONTH 10 - 02 - 1923	3 63 YRS	
15	BIRTHPLACE (STATE OR FOREIGN COUNTRY AROLINA CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTR' U.S.	MARRIED NEVER MARRIED ! WIDOWED DIVORCED [SING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF COUNTY	ALTIMORE CITY
13 951	UAL RESIDENCE (IF NUBSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STRE LEVINGALE A R OTHER INSTITUTION, GIVE RESIDENCE BEEL	Isa Home	SALES HOUSE	11-1-1-1
-	STATE 135 COULT BALL	timore Graykin's	13d. INSIDE CITY LIMITS: YES NO 1 15 MOTHER'S MAIDEN	3514 LANGRE	1) . 1)
3 160	NATHAN IS	RAEL SNYDE		IAN MIDDLE VID ABELL ADORESTS. 1	PRUCE'
	(YES, NO DE UNKNOWN) (IF YES, GI	ve war or Dates) 217~12	2-9163 3514 LANG	GREHR RD. BALTO.	
100	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	is with well	nsmi	7/87
F	Conditions, if ony, which gove rise to immediate	(b)			
CATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING THE		200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEGUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY	O DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE THE CONDITION FOR WHICE ATH HOUR A.M. MONTH	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO OF OF (IF EITHER NOTIFY MEDICAL EXAMINE ALWORK ALWORK ALWORK) 210 INJURY OCCURRED WHILE ALWORK ALWORK 220 L certify that (1) (this hosp sow the deceosed olive or obove, (1) (we) (did) (did on obove, (1) (we) (did)	DUE TO, OR AS A CONSEG (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE ATH HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY LAT HOME. STREET. FACTORY, OFFIce wital) attended the deceosed from	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET 19 19 10 11 11 12 11 12 13 14 15 16 17 18 19 18 19 19 19 10 10 10 10 10 10 10	200 AUTOPSY? 200. IF IN CEF YES NO URRED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART ?) COUNTY STA
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220 L certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not the county of the county	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b, CONDITION FOR WHICE 21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIce (intal) attended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? 208, IF IN CEF YES NO CITY OR TOWN CITY OR TOWN Ton death occurred an the date and	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18 PART LOR PART 2) COUNTY STA

DHMH - 16 60M 7/84 (VRA 15, 4)

Sol LAVINSON of BROS ADDA

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

2	2	-63	1	7
6-	4		line	•

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
DESEASED NAME	FIRST		AIDDLE	ī	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
J. O. SOK PRICE)	Howard	,	W.	A	dams sr.		August	t 15 19	87 2:40A
3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST		MONTHS DAY	R IF UNDER 24 HRS
Male		Whi	te	10101411	ruary 3, 1915	72	YRS	MONTHS	3 MOONS MAIN.
To BIRTHPLACE (S	TATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT		
Pennsylv	ania	11	SA	WIDOWE		Baltimor	e, Cit	ty	M
10 CITY OR TOWN		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP		126 KIND	OF BUSINESS OF
Baltimo	rol		land Gene		locnital	Metalluro		1	Beth. St
USUAL RESIDENCE	HE NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					De chi. De
130 STATE	13b COUN		13a CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES			21222
Maryland		imore	Dundalk		15. MOTHER'S MAIDEN NA		Side 1	DITAG	21222
FIRST		MIDDLE	LAST		FIRST	MIDDLE			LAST
Howard		Lot	Adams		Emma 17 INFORMANT	ADI	DRESS	F	almer
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU						1.0
No			213-09-1	391	Sarah J. A	dams 504 E	sayside		
18 CAUSE OF	DEATH (Enter or	aly ane cause per	line far (a), (b), and	dice				BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DE	ATH WAS CAUSE	D BY: TE CAUSE 10)	Metastat	ic Ca	rcinoma Of Pr	ostate		Two	Years
					NOT RELATED TO THE TERM			7.79643	
SIGN ACCIDENT	OPERATION	196 COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINITIFYING CAUS	ES OF DEATH?
210 ACCIDENT	WAS UNDERLYING				21c HOW INJURY OCCUR			PART I OR PART 2	n
0.0.00	NG CAUSE OF DE	AIH	M. MONTH DA						
(IF EITHER NO.	TIFY MEDICAL EXAMINE	21e PLACE	OF IN ILIRY	19	211 LOCATION			-	
WHILE D	NOT WHILE		REET, FACTORY OFFICE F	ARM, ETC)	STREET	CITY O	RIOWN	COUNTY	STATE
229.1 certify	that A (this hosp	ital) attended th	e deceosed from_	July	27 19 87	Augus		, 19_87	_, that X (we) la
saw the	deceased alive or ((we) (did) (XXX)	August	ofter death	87,0	nd that in (m) (pur) opinion	death occurred an th	date and he	our and from t	he causes stated
226. SIGNATU	JRE / /	1	>		DEGREE			22c. DA	TE SIGNED
	660	6			ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN		
224 PHYSICIA	AN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
0	. UGU	R C	AMLI		C/O Maryla	and Genera	Hosp	ital	
23a BURIAL, CREM	ATION, REMOVAL	23b. DATE	23¢ M	VAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	cial	8-	18-87	Meado	wridge		Mary!		
24 FUNERAL DIREC	TOR Duda-	Ruck Fu	neral Hom	e of	Dundalk 250 DA	TE REC'D. BY REGISTR	AR Sh REGI	STRAR'S SIGN	at the same
NAME			Dundalk		1 10 1 10	6 18 1087.	die		•

7922 Wise Ave. Dundalk, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion Schoold be detached for use as the buriol-transit permit. Then please remove carbon popers. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

injury, ar other troumotic event,

With the 21015 Dept. 21 is morked or Item 18 shows any

AUG 18 max

Alternative and the second second

AND SAME SALLEY ASSESSED IN BEST OF THE SAME

1972 Man Iwo. Dundanie, 10 11-12

e funeral director page 3

FOR BATATE BEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

2 REG. NO.

• = ^		CEASED NAME FIRST	MIDDLE	AD,	AMS JR,	20 DATE OF DEATH	8-25	-87	2b HOUR
0	3 SE)	Male	Black	5. DATE O	1-30 -8	6 AGE (IN YEARS LAST BIR	YRS		IF UNDER 24 HRS
of bock		SOUTH CAROLI	NA US of A	MARRIED WIDOWE		BALTIM	ORE CIT		MD.
34	/	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE BON SECOUR	STREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFET	INDUSTRY	F BUSINESS OR
3	130. S	AL RESIDENCE (IF MURSING HOME OF STATE 13b COUP MARYLAND	NTY 13c. CITY OF		13d INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS			217
FOR)	ATHER'S NAME FIRST JACK		S, SR.	ALICE	WIDDLE		THE RST	PONE
/medico		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	VE WAR OR DATES)	4 4567	MRS, EVERLE	IA ADAMS 6	22 N. MC		
matic even the				Diale	180's dui	rentia Resol	2 Ains	APPROAL BETWEEN	MATE INTERVAL ONSET AND DEATH
ury, ar ather trac	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Inc	a
nows any inju	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
or Hem 18 s	EDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		H DAY YEAR	211 LOCATION				
is marked o	ME	WHILE NOT WHILE 220.1 certify that (1) (this hasp	1111	from	od that in (my) (aur) opinion of	8/	N 10_		that (I) (we) last
VI: If Item 21		Bhove, (I) (#el Ned) (did no	at) view the boddy after death.		ATTENDING PHYSICIAN	MEDICAL STA	FF	221 DATE	
MPORTANT		22d. PHYSICIAN'S MANE	BELTRAN		940 W.	BALTTM	ORE	I, E	BAUTO
_		BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL	9/2/87	MD. NAT	MEM. PK	23d LOCATION CITY OF TOWN LAUREL	(PRINCE	GEO.	2/2/3) MD.

LEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215 AUG 2

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave corbon with the State Dept of Health and Mental Hygiene prior to burial, cremation, at the

022 5. HARRES E. 8:17

THE TO THE PARTY PARTY SERVICES AND STREET AND STREET, AND STREET,

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, an TO FUNERAL DIRECTOR. After this certificate hos been signed should be detached for use as the burial-transit permit. Then the with the State Dept. of Health and Mental Hygiene prior to bins.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the hospital or attending physician.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	
- 1		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH , DE	AY YEAR 26 HOUR
		ORPRINT) MAGGI	0	ADA	ms .	8/20	M S. In M
	3. SEX	F	4 RACE B	S. DATE C	F BIRTH	64 YRS.	IF UNDER 1 YEAR IF UNDER 23 HRS. ONTHS DAYS HOURS MIN.
)	70. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED DI	BALT. CI	TY
	, ,	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			12a. USUAL OCCUPATION	MD.
8		Balto		ARYLA	UD HOSPITAL	Seams tyes	Sewing
4	130.	AL RESIDENCE (IF NURSING HOME OR 17ATE 13b COUN			13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 2940 arunah	Ave 21216
2	14. FA	Arthur Arshur	Mallas Wallas	e	15. MOTHER'S MAIDEN NA	e Wallace	Harris
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	-3835	Nelvin A	dams 2940 A	runah Ave.
		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b),	and ici.	MONARY A	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSECUTION (b) CAND	LDA	STAPH S	SEPSIS	IWE
		cause (a), stating the underlying couse last	Due to, or as a consequence SEVE	ERE S		ION & MUCOSITA	
	NOI	RENAL	FAILURE	TP	ossible E	NINAL DISEASE OR CONDITION GIVE BRAIN METAS	TAS€S.
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH ÓPERATIO		YES NO YES	
2		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM IB PA	RT I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		tow the decementalist on	ital) attended the deceased from	87-1	nd that ip (my) (pur) opinion	death occurred on the date and hour	9 £ +, that (i) (ve) lost and from the couses stated
		The SIGN APRE	view the bady ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE O			27e ADDRESS		10/20/3/
	20	VARM				HOSPITAL	
	73a. B	BURIAL, CREMATION, REMOVAL	8-29-87 K	ing N	REMETERY OR CREMATORY	23d LOCATION OA TO	COUNTY Md STATE
	24 54	NERAL DIRECTOR	ADORES	5 10		E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
	X	as. H. Morto	1 470hz 170	1 Hay	ens M	6 28 1987 Hulis De	Massir-Market

		18 18 0.
ANA TEN STATE	The state of the s	PEAN C
4/ = / 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2	
TI DAS	46.4	West and Market
pawar and and and and the	Akin 90 VIA J	141 A.
Stere and the started	F 140	1.11
Mary with a suff angle M	SoulieW	
135 NEVIA Adona 2110 Amendo America	212.452	ov.
CUMMERS AREST		
SEPSES CERTS AND SEPSES	TARRO	
PROST DATE FROM METHODS - U	BANGS IN A	to REDW
THE TRUE VINUE	EL 10	VAL
Joll of John Min	A 18 65 8	been
300 28 year (A.K.M., Sp. 800		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	101	PISICIAK		74120	TORE EXTR	MILITARY 2	CENTIL	CHIE	JI DEM	RE N	0.	63	U	
1		EASED NAME	FIRST	1	MIODLE		LAST	- 11		20. DATE KNOWN S	MONTH	1 QAY	YEAR	Zb HOUR
1			MAY		R.	P	DAMS			DEATH MATED	3	13	19 87	A
1	3 SEX		4 RACE	5. DATE OF BIRTH			UNDER 1 YR.	IF UNDER		2c. DATE PRONOUNCED	MONTH	OAY	YEAR	2d HOUR
1	F		NEGKO	5 7		S Orrs.	NINS DAYS	HOURS	MIN	DEAD	8	13	19 87	10:1 P _N
ار	de go	RTHPLACE (ST	TATE OR	76. CITIZEN OF WHA		8	RRIED AN	EVED MADE	IED 🗆	9 BALTIMORE CITY	OR COUN	ITY OF	DEATH	
	/	2	, C.	4.5.1	8		OWED	DIVOR	CED 🗆	Baltimore				MD
d	m Cn	TY OR TOWN	OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL			THER INSTIT	NOITU		AL OCCUPATION (TY	PE OF WORK		IND OF BU	
		altimo		2505 Ove					1E	acher		150	XTa. Y	ublic
17.1	13a ST		(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE TY	131. CITY OR TO		13d. INSIDE YES	CITY LIMITS?		eet ADDRESS	RIAL	141	4AVI	~
)	14 FA	THER'S NAME	r68	MIDDLE	ICHAR	eds	41	ER'S MAID	ENNAME	FOREST			1AST	
		AS DECEASED	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SE	CURITY NO.	Dr. 1	RED	erick	K K ADDRESS	Adi	A m	5	
		18 CAUSE O	F DEATH (Enter onl	y one couse per line fo	or (a), (b), and (c).)						BET	APPROXIMATE	INTERVAL T AND DEATH
1	7-01	PARTIDE	ATH WAS CAUSED	E CAUSE (a) HYC	ertensi	ve car	diovas	cular	dise	ease		57.	William Charles	
	1				S A CONSEQUE						11			
			ns, if any, which se to immediate	(b)										
		cause (o)	stoting the under-	('-'	S A CONSEQUE	ENCE OF								
		lying cou	se last.	(6)										
		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO T	HE TERMINAL OIS	EASE OR CONDITI	ON GIVEN IN P	ART 1 to			_		
	NO	16336												
	ATI	19a. DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFO	RMED?			1	20	AUTOPSY?	?
	CERTIFICATION	1 075											YES 🛱	NO 🗆
	SE SE		L CAUSE WAS	21b. TIME OF IN	NJURY MONTH DAY	VEAD 21c	HOW INJUR	YOCCURR	ED LENTER N	IATURE OF INJURY IN ITEM 18	PART 1 OR P	ART 2)		
2		UNDERLYING CONTRIBUTION	OR NG CAUSE OF D			19								
	MEDICAL	21d INJURY C	OCCURRED	21e PLACE OF STREET, FACTOR	INJURY (ATH	OME. 211	LOCATION	411		CITY OR TOWN	-			STATE
9	Σ	AT WORK	NOT WHILE C]	RT, FARM, ETC.)		SINEE			CIET OR TOWN	CC	OUNTY		STATE
				e af the remains descri	ibed abaye held	d on Aut	apsy X	Inspectio	, ,	Inquiry . ar	nd in my a	2010100		
		death resulte	/ ///	nd courses (X)	Aphalini 🔲	Suicide [icide .		rmined manner .		pinian		
			1 11/1	11/1	n	- 1000000		SPECIFY)						
		ACTUAL SIGNATURE.	Mel	11 40	In				t MEDI	CALEXAMINER	DATE	8-	-14-8	7
			0000		And I									
-		(TYPE OR PRIN	NAME Cina	rles P. Ko	okes, M.	D.	ADDRESS.	111	. Penr	St., Balt	.0.,	MD	2120	1
	23a.BL	PECIFY)-3	TION, REMOVAL 2	-1 1 -	23c NAME C	OF CEMETERY	OR CREMAT	ORY	23d. LO	CATION	Rd	UNTY	ST	ATE
	24 51		192	8/18/87	Dukon	rey Pell	ly C	loo.	200	TADONIA				
	24 FU	NERAL DIREC	TOK	/ // ADDRESS	12 .16	b4	-12	250. DATE	REC'D. BY	REGISTRAR 256 REG	ISTRAR'S	SIGNAT	· Kanda	er.
	1	OCKS ,	FUNLAR	h Home /	30411.	(adla	UNT	All	13 1 /	1907	The same		-	

FUNEBRA HOME 1304M. Centres

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD, "FENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2 PAGE 8 SHOULD BE E FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 3. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

STATE OF MARYLAND

8	REG.	NO	2	2	ej.	3	
E OF D	DEATH	MONTH	DAY	YE AR	2 b	HOUR	- 5
			- Paris	2			7

8 2 5 AUG	17	FOR TE REGISTRAR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG.		4 3
age 3 death		OR PRINTS HOMER	\mathbf{L} .	ADL	EBERG	AUGUST	10,1987	6:18 F
ector pag	3. SE	MALE	4. RACE WHITE	S. DATE O		6 AGE (IN YEARS LAST	MONTHS YRS	DATS HOURS MII
neral dir		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOWS	D NEVER MARRIED DIORCED		OR COUNTY OF DEA	ith ,
by the fulled with		TY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NUI		DR OTHER INSTITUTION	120 USUAL OCCUP		AL ESTATE
r must be) M	AL RESIDENCE (IF NURSING HOME OF JAYE ARYLAND		TMORE	YES X NO		S / ZIP CODE	APT. 104 . #21215
S Comment	14. F/	THER'S NAME FIRST LOUIS	ADLEBERG ADLEBER		15. MOTHER'S MAIDEN NA FIRST LOTTIE	ME MIDDLE		1AST HEN
Pages 1	(VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S VE WAR OR DATES		17. INFORMANT M	RS. SELMÂDI		APT. 104
signed 69 the pite from please regione to bound a comation jury, or other troun	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ondition given in P.	ART Ira
permit. The ene prior to aws any inj	LIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
indi-transit intol Hygin hem 18 sha	CAL CERT	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	AID	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PART I OR P	ART 2)
ter this on the born hand Medar h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY O	R TOWN COU	NTY STATE
At DIRECTOR, Afteroched for use a stee Dept. of Health		sow the deceased alive ar	tal) attended the deceased from	9 87.0	DEGREE ATTENDING	MEDICAL S		that (li (we)) om the couses stated DATE SIGNED
FUNER old be of		224. PHYSICIAN'S NAME (TYPE OF SAMUEL BENESH			27e ADDRESS 11 SLADE	AVE. BA	LTO.,MD	21208
should with the policy of the	23e	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d LOCATION	TERSTOWN OUNT	

DHMH - 16 60M 7/B4

BP

SOL LEVINSON & BROS., 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. (VRA 15, 4)

BALTO MD

21215

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AUG 14 4007 Julia Deviden Registral

AUG 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

-		FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE / 2	2 4 3	2
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH. J DAY YEAR	26 HOUR
		RICHARD	, 2	TKEN	AUGUST 27,		7:30p M
1	3 SEX	male	KS 1 - III MON	OF BIRTH DAY PO 11 05	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR MONTHS DATS	HOURS MIN,
	7a BIF	RTHPLACE (STATE OR FOREIGN COUNTRY)	MARRI WIDOW	IED NEVER MARRIED DIVORCED D	Baltimore CITY OR		MD.
>	511	TYORTOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MARYLAND GENERAL H		120 USUAL OCCUPATION		OF BUSINESS OR
5		AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	Enlow C	Sup from
1	I4 FA	THER'S NAME FIRST MARIENTE	LAST SEAKINGER	15. MOTHER'S MAIDEN NAM	ME MIDDLE	unpi	mun
		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MAR OR DATES) WAR OR DATES) WAS B-10 6776	17 INFORMANT	Homen Contes	Elwe Ba	121317
		PART I. DEATH WAS CAUSED	y pne cause per line far (a), (b), and (c), b BY. E CAUSE (a) <u>CARDIAC ARRES</u>	s_T		APPRO) BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) <u>CARDIAC ARRHY</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>ASPIRATION PN</u>				
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUTTON TO THE STATE OF TH			TION GIVEN IN PART 1	
1	LIFICA	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	YES NO NO	CERTIFYING CAUSE:	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that XX(this haspit saw the deceased alive an abaveXI) (we) (did) (dXXX	ot) attended the deceased from <u>JULY</u> August 27, 1987	23, 19 <u>87</u> and that in (aur.) apinion o	, ta <u>AUGUST</u> death accurred an the date		, that 🎉 (we) last e causes stated
			and Chen Mil	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1 1 11	17/87
		22d PHYSICIAN'S NAME (IMPEOR		c/o Maryland	General Hos	spital	
	23a B	BURIAL, CREMATION, REMOVAL	9 189 700 PM	CEMPTERY OR CREMATORY	134 LOCALIGN	COUNTY	STATE
	24. FU	UNERAL DIRECTOR	The Alexander and	Hand ISO DATE	E REC'D. BY REGISTRAR 25	A REGISTRARS STONA	Charles Care

DHMH - 16 60M 7/84 (VRA 15, 4)

06240 AUG TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. pe TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21401

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	2	11	6	
RE	G. NO.	m-g	V	0

	REGISTRAR		CERTIFICATE OF DEATH O	REG. NO.	
	CEASED NAME FIRST	A 11 MIDDLE	11/2.10.00	20. DATE OF DEATH MONTH	1007 26 HOUR
	10561	HINE A	KONOMI	1716657 5	178/
3. 55	- 1	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
E	EMALE	UHITE	ANUARY 26 1898	9. BALTIMORE CITY OR COUNTY	OFDEATH
	IRTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMONE	PITA
10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	WIDOWED S DIVORCED G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126. KIND OF BUSINESS
P	BATTIMORE	DIF NOT IN SUCH FACILITY SIVE STREET	ODRESS) STREET	(TYPE OF WORK FOR MOST OF WORKING LIF	ANDUSTRY CAN. C
	AL RESIDENCE (IF NURSING HOME OR O			Lis STREET ADDRESS AND COOK	2123
3	ADYIAM 136 COUNT	PALTIN	ARF YES X NO []	13e.STREET ADDRESS FZIP CODE	T STREE
ILE	ATHER'S NAME	IDDLE AST	15. MOTHER'S MAIDEN NA	ME	LAST
-		Jarkow:	ski		
	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES	RITY NO. 17 INFORMANT	LINSK 523	O ball shall
	NO	212 09	1031 JOHN STACHI	LINON Jac	J. NENWOOD
ľ	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a), (b), and	ARREST		BETWEEN ONSET AND DEA
	IMMEDIATE		C MIGGEST		301315470
	Ment of all to get 1 M	DUE TO, OR AS A CONSEQUE	NCE OF	0	
	Conditions, if ony, which	(16) HITER	10 SCLEPOTIC	000	
	gove rise to immediate couse (a), stating the		Cost of	Name of the last o	
	underlying couse lost	DUE TO, OR AS A CONSEQUE	PPERTENSIVE (0110	
		(c)AI			
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
CERTIFICATION	IA DAYS OF ODERATION	TIME CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S. WERE FINDINGS USED
FICA	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
ΙĒΙ	21g. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	11 HOW IN HUNDY OCCUP		
1 %		TIB. TIME OF INJURY			S NO
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 1	
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 F	
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 274 IN JURY OCCURRED	n	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 8	PART I OR PART ?)
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19 211 LOCATION	CHYORTOWN	COUNTY STATE
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospital)	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) offended the deceased from	AY YEAR 19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (1) (this hospite saw the deceased alive an above.	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) offended the deceased from	ARM. ETC.) 711 LOCATION SIREET and that is (my) (our) apinion	CITY OR TOWN	COUNTY STATE 19 7 , that (l) (we) 2 and from the couses stated
EDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE AT WORK AT WORK 27a1 certify that (1) (this haspite some the deceased alive an	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) officed the deceased from 19	ARM. ETC.) 711 LOCATION SIREET arm. etc.) 711 LOCATION DEGREE	city or town to depth accurred on the data and has	COUNTY STATE
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (1) (this hospite saw the deceased alive an above.	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) officed the deceased from 19	ARM.ETC) 211 LOCATION SIREET 19 19 10 10 10 10 10 10 10 10	CITY OR TOWN	COUNTY STATE 19 7 , that (I) (we) I and from the couses stated
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (1) (this hospite saw the deceased alive an above.	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) 101) ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	ARM.ETC) 211 LOCATION SIREET 19 19 10 10 10 10 10 10 10 10	city or town to depth accurred on the date and has MEDICAL STAFF	COUNTY STATE 19 7 , that (I) (we) I and from the couses stated
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (1) (this haspite saw the deceased alive and others) 21 I did not)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFI	ARM.ETC) 211 LOCATION SIREET 19 10 Ind that is (my) Lour) appaign DEGREE ATTENDING PHYSICIAN [city or town to depth accurred on the date and has MEDICAL STAFF	COUNTY STATE 19 7 , that (I) (we) I and from the couses stated
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (1) (this haspite saw the deceased alive and others) 21 I did not)	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) oftended the deceased from NOT View the body after death. RAPPAN, MI PRINTIPOR AND	ARM.ETC) 211 LOCATION SIREET 19 10 Ind that is (my) Lour) appaign DEGREE ATTENDING PHYSICIAN [depth occurred on the date and has A DIRECTOR PHYSICIAN	COUNTY STATE 19 7 , that (I) (we) I and from the couses stated
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE NOT WHILE AT WORK 27al certify that (I) (this haspite some the deceased alive and other) 71d INJURY OF THE CONTRIBUTION OF THE C	P.M. Zie PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) oftended the deceased from NOT View the body after death. RAPPAN, MI PRINTIPOR AND	ARM. ETC) 711 LOCATION SIREET ARM. ETC) 711 LOCATION SIREET 19 712 LOCATION SIREET ATTENDING PHYSICIAN TO ADDRESS 722 ADDRESS 723 ADDRESS	city or town to S depth a curred on the data and has MEDICAL STAFF DIRECTOR PHYSICIAN COADWAY	COUNTY STATE 19 7 , that (l) (we) 2 and from the couses stated
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE NOT WHILE AT WORK 27al certify that (I) (this haspite some the deceased alive and other) 71d INJURY OF THE CONTRIBUTION OF THE C	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) offended the deceased from NOT SEE 19 View the body after death. Applan MO PRINTI 230 DATE 210 217	ARM. ETC.) 211 LOCATION SIREET ARM. ETC.) 211 LOCATION SIREET 19 ATTENDING PHYSICIAN 22e ADDRESS 22e ADDRESS 23e ADDRESS 24 ADDRESS 25 ADDRESS 26 ADDRESS 27 ADDRESS 28 ADDRE	depth occurred on the date and has A DIRECTOR PHYSICIAN	COUNTY STATE 19 7 , that (l) (we) and from the couses stated
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE AT WORK AT WORK 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 2 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 2 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others) 72a 1 certify that (1) (this haspite source the deceased alive and others)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) DI) offended the deceased from NOT SEE 19 View the body after death. Applan MO PRINTI 230 DATE 210 217	ARM. ETC.) 211 LOCATION SIREET ARM. ETC.) 211 LOCATION SIREET 19 ATTENDING PHYSICIAN 22e ADDRESS 22e ADDRESS 23e ADDRESS 24 ADDRESS 25 ADDRESS 26 ADDRESS 27 ADDRESS 28 ADDRE	MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19 7 , that (I) (we) and from the couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or offending physician.

AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87 STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR LTYPE OR PRINTS Francis C. 1987 Aleshire August 3. SEX 4. RACE 5. DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY Male November 12.1939 White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 3819 South Hanover Street TYPE OF WORK FOR MOST OF WORKING (IFE) Clothing Baltimore BOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 3819 South Hanover St 21225 Baltimore 13d INSIDE CITY LIMITS? Maryland YES X 15 MOTHER'S MAIDEN NAME I FATHER'S NAME LAST Kline ====== Dolly ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST 212-36-1934 Valerie Aleshire Same as 13e APPROXIMATE INTERVA 18 CAUSE OF DEATH Enter only one couse per line for (a) (b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed all and not new there are after the obove and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICAN'S NAME 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Cedar Hill Cemetery Baltimore Md 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

DIRECTOR

FUNERAL Double by the Stote C

MPORT,

George J. Gonce 4001 Ritchie Mgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 10

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OF DEATH MONTH DAY YEAR 726 HOUR A GUST 2, 1987 3:10 M NYEARS LAST BRIHDAY) IF UNDER 1 YEAR IS UNDER 24 HRS. AND WEARS LAST BRIHDAY) YEAR IS UNDER 24 HRS. MONTHS DAYS HOURS MIN. MORE CITY OR COUNTY OF DEATH ALTIMORE CITY
NYEARS (AST BIRTHDAY) NYEARS (AST BIRTHDAY) NONTHS NOTHS NOTH
73 MONTHS DATS HOURS MIN. VRS MORE CITY OR COUNTY OF DEATH
ALLIMONE CITT MD.
AL OCCUPATION 128. KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTRY
Z Rt. 134 23602 9999
May Ledbetter
ins 4462 Rt. 134 23602
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SWAY ONE NOTE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE CONTROL
ASE OR CONDITION GIVEN IN PART To
CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE Tred on the dote and hour and from the causes stated CL STAFF OR PHYSICIAN N. WOLFE ST. BALTO MD.

north cul

AUS 5 987 FEE FEW F

063169

may be

FOR

STATE OF MARYLAND

DEPART

MENT	OF.	HEALT	H AND	MENTAL	HYGIENE
CFI	RTI	FICA"	TE OF	DEATH	

1	2	2	49	3
	6-40	-		- 7
REG. NO.				

	19	REGISTRAR Clara	a G. All		CERTIF	ICATE OF DEATH	REG. NO			1
	(TYPE	GEASED NAME CLAYU		G.	All	en en	20. DATE OF DEATH	8 14	87	7 20 A M
/	3. SEX	TEMALE	4. RACE	WHITE	S. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2	m		US	WHAT COUNTRY?	WIDOWE		Baltimore City o	· City		MD
7	BO	TY OR TOWN OF DEATH LITE (MOVE) AL RESIDENCE (IF NURSING HOME OF	UF NOT IN SUC	H FACILITY, GIVE STORES	ADDRESS)	or other institution	12d USUAL OCCUPATE ITYPE OF WORK FOR MOST O Housewife	F WORKING LIFE) IN	NDUSTRY	Maker
di	13a S	MD 134 COU		Baltimor	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE A	ve :	21225
	14. FA	THER'S NAME JOLN	MIDDLE	CAYER		15. MOTHER'S MAIDEN NA FIRST Maude	WE	Laps	Jp	lien
		/AS DECEASED EVER IN U.S. AR es, no or unknown) (IF yes, GI NO	MED FORCES? VE WAR OR DATES)	214-12-		Patricia C.		rsville Pembro	oke C	t.
		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	R AS A CONSEQUE	bron	lascular Acu	ident		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OI (c)	r as a conseque	NCE OF					
	NOIL	PART 2. OTHER SIGNIFICANT	tin T	near	Car	ver	NINAL DISEASE OR CONE			
2	CERTIFICATION	19¢ DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
1	MEDICAL CE	218, ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE- LIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2}	
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((ATHOME, STR	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OF TO	NN C	COUNTY	STATE
		22a. I certify that (I) (this hasp saw the deceased plive an abave, (I) (we) (did) (did no	house	of 13 19 B	1	d hat in (my) (aur) opinian	death accurred an the do		from the	
		226. SIGNATURE	mar (fre Ju	beek	ATTENDING PHYSICIAN	MEDICAL STAF	F	Auc/	·14,1987
		Show	24	Sweet		776.0	Preene St			
	wan to	URIAL CRÉMATION, REMOVAL	1/3b. DATE	136 1	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

Holy Cross Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

8/17/87 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Wwy Balto Md

Burial

Baltimore

CANITA.

BM

ALIG 1 7 1987

06421

5

completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

the attending physician and c remove carbanpapers. Pages emation, ar removal.

STATE OF MARYLAND

DEPARTMENT	OF HI	EALTH	AND	MENTA	LHY	GIENE
CE	RTIF	CATE	OF	DEATH	8	1

REG.	2	4		3	7	
FDEATH	MONTH	- 5	DAY		YEAR	T
	-	7			-	

1 87	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	P REG. N	2 4	37	
1. DEC	CEASED NAME FIRST DENG	MIDDLE S.	Ä	llen	20. DATE OF DEATH	MONTH &	19 87	26 HOUR
3. SE	female	1 RACE Black	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HRS
M	IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WIDOWE		P. BALTIMORE CITY O	Ci	+4	M
18	alto	11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STREI OTHER INSTITUTION, GIVE RESIDENCE BEFO	ELADDRESS	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C			OF BUSINESS O
m	AL RESIDENCE (IF NURSING NOME OF STATE LA COUNTY	9 11		YES 😿 NO 🗌		ZIP COD	1 01	· Ball
	MARVIN		ALLEN	15 MOTHER'S MAIDEN NAM TÖNYA	MIDDLE		'Y	EDGETT
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES) N/A	CURITY NO.	TONYA MIDGET	T 1002 N. V			
	PART I. DEATH WAS CAUSE	ly one couse per line for 101, (b), o D BY: E CAUSE (a) Respira	1	Failure			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE (b) PARAM	ONIA					
oň	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECU	ONIA		IN AL DISEASE OR CON	IDITION GIV	VEN IN PART 1:	0
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF UENCE OF	NOT RELATED TO THE TERM	NAL DISEASE OR CON 200 AUTOPSY? YES NOTE:	206. IF YE	VEN IN PART 1: S, WERE FINDI FYING CAUSES	NGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE ON DIT IONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONTRIBUTION FOR W	UENCE OF ON 1 A UENCE OF O DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YE IN CERTI	S, WERE FINDII FYING CAUSES ES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE COUNTY OF THE	DUE TO, OR AS A CONSEQUENCE ON DIT IONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONTRIBUTION FOR W	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YE IN CERTI YI	S, WERE FINDII FYING CAUSES ES []	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK OR CONTRIBUTION (b) (b) (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DUE TO, OR AS A CONSEQUENCE OF TO CONTRIBUTING TO CONTRIBUTION OF CONTRIBUTION OF TO CONTRIBUTION OF CONTRIBUTION OF TO CONTRIBUTION OF CONTRIBUTION OF TO CONTR	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET , 19 d that in (my) (our) apinion of	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TO	20b. IF YE IN CERTI YI IRY IN ITEM 18	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 ur ond from the	NGS USED OF DEATH? NO STATE that (i) (we) lo causes stated
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK ON THE WORK OF THE	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH P.M. 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 d that in (my) (our) opinion of OPEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TO	20b. IF YE IN CERTI YI IN CERTI YI OWN	S, WERE FINDI FYING CAUSES ES PART I OR PART 2)	NGS USED OF DEATH? NO STATE
MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS A CONSEQUENCE OF TO THE PRINT OF THE PRINT	DEATH BUT I	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 d that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TO	20b. IF YE IN CERTI YI IN CERTI YI OWN	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 ur ond from the	NGS USED OF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been sis should be detached for use as the burial-transit permit. The with the State Dept, of Health and Mental Hygiene prior to

064215 AUG 31 37

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENLAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LA EASED NAME 20. DATE KNOWN X 2b HOUR OF ESTI-8-2-87 H. IF ANY DELAY IS NECESSARY, PLEASE
7.2. AND 3 TO THE FUNERAL DIRECTOR.
7.3. RETAIN PAGE 5. FOR YOUR FILES.
2.5. HOULD BENUED, WITHIN 72 HOURS.
AL RECORDS, 201 W. PRESTON STREET, DEATH MATED Renardo Allen 4 RACE 3. SEX DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 31 8-2-87 :50A 87 DEAD MALE BLACK 76. CITIZEN OF WHAT COUNTRY? 79. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED DIVORCED FOREIGN COUNTRY! Baltimore City BALTO. WIDOWED 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS Collington Avenue FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore N/A USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD BALTO. YES X 1512 MADERIA STREET 21231 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE REGINALD ALLEN JACQUELINE GLADDEN JID BE USED AS A BURIAL - TRANSIT PERMIT PAGE
MENT OF HEALTH AND MENTAL HYGIENE, DIVISION PLANSIT PAGE
TO BURIAL, CREMATION, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO JACOUELINE GLADDEN 1504 N. COLLINGTON AVI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Sudden jinfant death syndrome IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES 50 NO . 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21L LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE X 22a I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my opinion death resulted from Natural causes Accident Undetermined manner 8-2-87 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. TYPE OR PRINT M.D 23a BURIAL, CREMATION REMOVAL 23b 07/84 BP BURTAT 8/6/87 25M 24 FUNERAL DIRECTOR **DHMH - 17** Dendum- Pag

(VR A15 ME (5))

AUS O 5 YARY

3 SEX 5 DATE OF BIRTH MONTH **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY RGINIA LTIMORE WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [TYPE OF WORK FOR MOST OF WORKING LIFE] USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13R STREET ADDRESS 13c CITY OR TOWN MARYLAND BALTIMORE 14 FATHER'S NAME CORNELIUS BACTIMORE, MARYLAND ZIZIT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LLEN 2239 REISTERSTOWN, RO. 18 CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY. DONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT ACCUSED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? YES [NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 21R PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) this hospital) attended the deceased from bellus saw the deceased alive an_ and that in (my) (exer) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did pat) frew the body after death 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS with 0 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION

" WEITTER FUNERAL HOMES, INC.

2501 GWYNNS FALLS PKWY, BALTIMORE, MO. 21216

MIDDLE

FOR

RTEGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

INDUSTRY

BALTO, MARYLAND

BROWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO T

STATE

YES [

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

MONTHS DAYS

IF UNDER 24 HRS

HOURS

SELF EMPLOYED

20. DATE OF DEATH MONTH

362271 AUG 11 07 The teles was table to the Yada and Yad Michigan St. S. Harris St. Land St. Company Co. For I or as the first a deposit to the standard of the formation of the first and the formation of the first and t THE VANCES OF THE PROPERTY OF THE SHAPE WALLEY BUT THE NO. ALE TENDED ALLEN BEEN KRISTERS IN AD. The state of the s The second second Solito - I Solitone The Solitone I the State of the state Sales Average 1913 Anton The second by the first the first the second of the second AURICA CAN A SACRESCO STATE AURI O CONTRACTOR OF THE AURICA STATE VUITER FUNEL - CHESTA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

2 4 4 0

00 12	VIEGISTRAR				CEKTIII	CAIL OF DEATH	2	REG. NO).		
	CEASED NAME	FIRST	MID	DLE	L/	ST	2a DATE	OF DEATH A		YEAR,	26 HOUR
		nne	RI	ITH	A.	lison	Aug	ust 9,	1987		12:40p
3. SEX	(4 R	ACE	~	S. DATE O		6 AGE 1	N YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HR
F			В	0	6/	23/31 YEAR	56		YRS.	NTHS DATS	HOURS MIN
	RTHPLACE (STATE OR FO	OREIGN 76 C	CITIZEN OF WI	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIA	ORE CITY OF	COUNTYO	FDEATH	
SP	ARTONBURG			S.A.	WIDOWE	DIVORCED	\Box B	altimor			M
10 CI	TY OR TOWN OF DEA	TH 11.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			(TYPE OF W	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Church Home Hosp. Nursin				
	ltimore			General		pital	Chur	ch Hor	ne Ho	sp. N	ursing
	AL RESIDENCE (IF NURSI TATE MD.	136 COUNTY	13	BALTO.		138. INSIDE CITY LIMITS	13e STREE 223	d Address	zip cobe den Av	ve. 2	1217
14_FA	THER'S NAME					15. MOTHER'S MAIDEN NAME					
1	HICKS I	PILGŘÍ	RIM			NELLIE CHEEKS			LAST		
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS						SS				
()	NO UNKNOWN)	N/A	R OR DATES)	217-26-	5104	CLARENCE	ALLI	SON 22	236 L	INDEN	AVE.
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTER BETWEEN ONSET AND (MATE INTERVAL			
1	PART I. DEATH WAS CAUSED BY Myocardial Infarction										
			DUE TO OR A	S A CONSEQUEN	NCE OF						
1	Conditions, if ony, which (1b) Renal Failure							- 12			
- ar A	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying couse lost										
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ō	Diabetes										
7 3	190 DATE OF OPERATION 196. CONDITION FOR V			ON FOR WHICH OPERATION WAS PERFORMED		20a AL	TOPSY?	20b. IF YES, V			
CERTIFICATION								NOX	YES		NO 🗌
	216. ACCIDENT WAS UNDERLYING TO 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH										
/ I	(IF EITHER NOTIFY MEDIC		P.M.		19			4.0		1000	
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE OF	INJURY FACTORY OFFICE FA	PM FIC)	211. LOCATION		CITY OR TOW	/N	COUNTY	STATE
2	WHILE NOT WHI	K					110				
	220.1 certify that (1)	(this hospital)	ottended the	deceased from	July .	29, 19_	87_, to_	August			that (IX(we) la
	sow the decease above, (1) (we) (d	d olive on	ew the body of	ter death	, on	d that in (my) (our) opin	nion death occu	rred on the do	te and hour o	nd from the	touses stated

TO FUNERAL DIRECTO should be detoched for with the Stote Dept. of 1 TO HOSPITAL OR AT IMPORTANT: If hem 2

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 8/14/87 23c NAME OF CEMETERY OR CREMATORY EASTVIEW CEM.

DEGREE

22e ADDRESS

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Maryland General Hospital

BALTO., MD.

STATE

22c DATE SIGNED

Opm 24 HRS

MD. SSOR

T'A DA'F REC'D AY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

A A STATE OF THE S

063847

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	-			
2	2	and .	4	
REG.	NO			

ADA D. ANDERSON AUGUST 18, 1987 12: SEX Female White White White April 10 1914 April 10 1914 April 10 1914 BALTIMORE CITY WARRIED DIVIDED HARRING DIVIDED BALT WOODWED DIVIDED HARRING DIVIDED BALT BALTIMORE CITY BALTIMORE CITY WARRIED DIVIDED HARRING DIVIDED BALT BALTIMORE CITY BALTIMORE CITY THE JORISH HOSPITAL, NUBSING HOME OF OTHER INSTITUTION IS CITY OR TOWN OF DEATH BALTIMORE THE JORISH HOSPITAL, NUBSING HOME OF OTHER INSTITUTION IS CITY OR TOWN OF DEATH BALTIMORE THE JORISH HOSPITAL, NUBSING HOME OF OTHER INSTITUTION IS CITY OR TOWN OF DEATH BALTIMORE CITY THE JORISH HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL CITY THE JORISH HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL ADDRESS IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE STREET HOSPITAL IS COLOR OF THE INSTITUTION OF THE IN	1	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL HYD	SIENE 2 2 4	4
ADA J. ANDERSON AUGUST 18, 1997 12: SEX Female White White White April 10 1914 73 Vas. ARRIED ARRIED NARRIED NARRI	UGRE	CASED HAME FIRST			1AST .		i la liona V
Female White April 10 1914 73 78 Figure 100 100 100 100 100 100 100 100 100 10		ADA					12:27 M
The properties of the proper			The second second			100	
MARSIED MET ANABLE DE MONACED DEATH WIT OR TOWN OF DEATH IN NAME OF HOSPITAL NURSING HOME OR DITES INSTITUTION ITS USUAL DESIGNATION OF MOSE OF THE WAS CAUSED BY A CONSEQUENCE OF THE JOHNS HOSPITAL NURSING HOME OR DITES INSTITUTION ITS USUAL DESIGNATION OF MOSE OF THE MOST HOSPITAL NURSING HOME OR DITES INSTITUTION IN STREET ADDRESS / ZIP CODE HEALT STATE AND A CONSEQUENCE OF THE WAS CAUSED BY A CONSEQUENCE OF THE MOST HOSPITAL MARSON OF THE MOST	1			THE PARTY OF THE P		103	OFDEATH
BALTIMORE SALTIMORE	C (ONNISA!		MARE	HED NEVER MARRIED XIX		rv.
The part of department of other institutions of the service areas abans from a proper and the part of the part o	ID CIT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOMI	OR OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KIND OF BUSINESS OR
Newton W. Anderson Ella M. Blackson The WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE CAUSE OF DEATH LETTER ONLY OR COURSE PER INDIRECT OF LONG AND ADDRESS OF DEATH ADDRESS O	USUA 13a S M	TATE Aryland			1134 INSIDE CITY LIMITE?	134 STREET ADDRESS / ZIP CODE	Health Svc. 21078
TEST NO OF UNKNOWN THE STATE OF PART STA	JA-FA	FIRST				MIDDLE	Blackson
18 CAUSE OF DEATH lienter only one course per line for ich, this, and ichility PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) CARDI OPPLUMONARY ARREST ETWERNOSSET ATTEMPT OF THE TOP OR AS A CONSEQUENCE OF CONDITION, which gove rise to immediate course ich. Itsing the immediate cou	16a W	AS DECEASED EVER IN U.S		144 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SECOND PRODUCTION ARY ARREST DUE TO, ORAS A CONSEQUENCE OF CONDITIONS, if any, which gave rise to immediate course (a), stering this underlying course lost. DUE TO, ORAS A CONSEQUENCE OF (b) PULLION ARY EDEMA 72 NO PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.R PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GAVE FINDING TO THE TERMINAL DISEASE OR CONDITIONS TO THE TER	- "	No	2 CIAL AND DE DELES!	215-09-5102	Roger Reynold	ds North East	, Maryland 2190
Conditions, if any, which gave rise to immediate course (a), stating the underlying course lost. PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OF DE CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT CONDITION GIVEN IN PART I (a) PART ? OTHER SIGNIFICANT C		PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (a)	line for iat, (b), and ic.	OWARY ARR	REST	HE WEEN ONSET AND SEATH 42 MIN COURS
THE COURS (ID.), Stating the underlying cause last. Course (ID.) Course (ID.) Course (ID.)		Conditions, if any, which	h ((b)	PULMONAR	EDEMA		72 hours
THE CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 108 AUTOPSY? 108 IF YES, WERE FINDINGS UNINCESS OF DE YES NO YE		cause (a), stating th underlying cause los	DUE TO, O				
OR CONTRIBUTING CAUSE OF PEATH [19 ETHER NOTIFY MEDICAL EXAMINES] P.M. 19 2714 INJURY DECURRED AND WHILE NOTIFY MEDICAL EXAMINES 18 PLACE OF INJURY 19 PLACE OF	TION						
OR CONTRIBUTING CAUSE OF PEATH IF ETHER NOTIFY MEDICAL EXAMINER: P. M. 19 214 INJURY OCCURRED AT WORK ON WHILE A WORK OF INSURY AT WORK ON WHILE A WORK OF INSURY STREET 215 PLACE OF INJURY 126 PLACE OF INJURY 127 IN HOME STREET FACTORY. OFFICE FARM ETC. 228 I sertify that III (Mis hospital attended the deceased from the causer obove. [II] by piddid) did not view the body offer death. 229 PLACE OF INJURY 230 PLACE OF INJURY 230 PLACE OF INJURY 231 LOCATION 231 LOCATION 232 PLACE OF INJURY 233 BURIAL CREMATION REMOVAL 1216 DATE 234 DURIAL CREMATION REMOVAL 1236 DATE 235 BURIAL CREMATION REMOVAL 1236 DATE 236 BURIAL CREMATION REMOVAL 1236 DATE 237 NAME OF CEMETERY OR CREMATORY 238 BURIAL CREMATION REMOVAL 1236 DATE 238 BURIAL CREMATION REMOVAL 1236 DATE	TIFICA	IN DATE OF OPERATION				YES NOST WESTIFY	ING CAUSES OF DEATH?
780. I certify that (I) (this hosgital attended the deceased from 19 1 and that in Imylour apinian death accurred above date and hour and from the causes obove. (I) prejudid) did not view the pody offer death. 785. SCHATURE DEGREE ATTENDING MEDICAL STAFF RHYSICIAN DIRECTOR PHYSICIAN STAFF RHYSICIAN STAFF RHYSICIAN DIRECTOR PHYSICIAN STAFF RHYSICIAN STAFF RHYSICIAN STAFF RHYSICIAN STAFF RHYSICIAN DIRECTOR PHYSICIAN STAFF RHYSICIAN STAFF RHYSICI		OR CONTRIBUTING . CAUSE O	PEATH HOUR A.	M. MONTH DAY YEA	AR	SED (EMIER MATURE OF INJURY IN ITEM IS PA	RT OR PART 7)
18 sertify that (I) (this hosquigh attended the deceased from the saw the deceased alive an above. (I) pre-indial) (did not) view the body after death. 19 The tit of the same of the	MEDIC	110 111011 11101			FIT LOCATION	CITY OR TOWN	COUNTY STATE
DEGREE THE SIGNATURE THE SIGNATURE		22a I certify that (I) Chis I	hospital attended the	deceased from 11 18 1987	and that in Imyleur apinian	. 11	and from the courses stated
278 PHYSICIAN'S NAME ITTE DR PRINTI Eric Brown WD JOHNS HOLFE ST. BALTO. MI DONN HOLFE ST. BALTO. MI 238 BURIAL CREMATION REMOVAL 1836 DATE 1330 BURIAL CREMATION REMOVAL 1836 DATE 1330 BURIAL CREMATION REMOVAL 1836 DATE		776 SIGNATURE	Sum	1.4110121		MEDICAL STAFF DIRECTOR PHYSICIAN	8118187
230 BURIAL, CREMATION, REMOVAL 235 DATE 231 NAME OF CEMETERY OR CREMATORY 231 LOCATION				MD	776 ADDRESS	600 N. WOLFE ST.	BALTO. MD. 21205
Burial Aug. 20,1987 Principio Cemetery Perryville Cecil Maryl	73n B	CBC (ICW)	100.000			Perryville Ced	CII Maryland
138 PATE REC'D. BY REGISTRAR'S EIGNATURE	H Zh	0				TE REC'D. BY REGISTRAR 256, REGISTR	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After retained by the haspital ar

TO HOSPITAL OR

IMPORTANT: If them 21 is should be detached for ur with the State Dept. of He

STATE OF MARYLAND		ST	A	TE	OF	M	AR	YL	AND
-------------------	--	----	---	----	----	---	----	----	-----

		. /.					STAT	E OF MARYLAND			
063	7 1 9 AUG 2	K 18	FOR			DEPART		EALTH AND MENTAL HYG	IENE 22	4 2	
000	1 1 3 200 5	7	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	7 26	
	N		CEASED NAME FIF		A	AIDDLE		AST	20 DATE OF DEATH - MONTH	DAY YEAR	2b. HOUR
	y be oge 3 de th	1	MARIO	N	V.		AND	REASIK	8	1987	1125 PM
	od od o	3 SE		4 RAC	F		5. DATE O	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	se 4	-	Male		Wh	ite	Feb	6, 1922 ^{AR}	65 YRS.	WONTHS DATS	HOURS MIN.
	Poge Poge	/a. B	RTHPLACE (STATE OF FOREK	5N 7b CIT	IZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY OR COUNT	Y OF DEATH	
	eoth at	P	Maryland	1 6	U	.S.A.	WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore (lity	MD.
	er d	10. C	TY OR TOWN OF DEATH				NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND C	F BUSINESS OR
6	s of		Baltimore	2	t. A	gnes Hos	pital		Steelworker	LIFE) INDUSTRY	
2120	Poor E		AL RESIDENCE (IF NURSING H	OME OF OTHER IN	ASTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?			
N	24 filled		aryland	COOKIT		Baltimo		YES NO	13e STREET ADDRESS 604 S. Curley	Street	21224
YE.	ahin ya		THER'S NAME	344				15. MOTHER'S MAIDEN NAM	ΛE		
MARYLAND	P = 0		James	WIDDIE		Andre	asik	Frances	WIDDIE	Slimk	owska
	es es	160 V	VAS DECEASED EVER IN U			166 SOCIAL SECU		17. INFORMANT	ADDRESS	2122	
BALTIMORE,	Poges	1	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OF	RDATES)	220-07-	9547	Theresa R. A	indreasik 604 S.		
Atti	te b		18 CAUSE OF DEATH E	nter only one o	ouse ner	line for (a) (b) or	dicil	1			MATE INTERVAL DISET AND DEATH
7	phys novem		PART I. DEATH WAS C	CAUSED BY.	A	YOCARDI		NIZARCTION	ACUTE.	BETWEEN	INSET AND DEATH
PRESTON ST	rent rboi rrent ric ev		IMA	AEDIATE CAUS		O THE REAL PROPERTY.					
	co co co co co co co co co co co co co c		Canditians, if any, wh	Dl ich (JE TO, OF	AS A CONSEQU	ENCE OF	THEROSCOLER	1) 20		
ox m	6 VINE		gave rise to immedia	ote)				000000	00.7		
` ≥	of the state of th		underlying couse lo		JE TO, OF	R AS A CONSEQU	ENCE OF				
201			PART 2 OTHER SIGNIFIC	ANT CONDIT	IONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION G	VEN IN PART 1	
DIVISION OF VITAL RECORDS,	There to b	NO	PULMONARY					/	CHRONIC I.T.P.		
000	bee mit.	A	190 DATE OF OPERATION					N WAS PERFORMED	200 AUTOPSY? 206 IF YI	ES, WERE FINDIN	
N N	he it hos t per	CERTIFICATION								IFYING CAUSES	OF DEATH?
ZEV	ysicil ysicil cote onsi Hygi Hygi	E	210 ACCIDENT WAS UNDERLY		TIMEO		AV VEAS	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)	
Ö	SICIA ng ph certifi uriol-tr tentol	¥	OR CONTRIBUTING CAUSE	OF DEATH	IOUR A./		AT TEAK				
NO NO	HYSIC nding his cer burio d Ment	MEDICAL	214 INJURY OCCURRED	216	PLACE	OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
IVIS	offer the sthe	2	WHILE NOT WHILE		THOME STR	EET, FACTORY OFFICE	FARM, ETC }	SIREET	CHTORIOWN	COUNTY	STATE
	or o		22a.1 certify that (1) (this		ended the	deceased from_		. 19	, to	. 19	that (I) (we) last
1	TTEN pitoli TOR for u		sow the deceased of obave, (1) (we) (did) (ive on	the hadu	19_		nd that in (my) (aur) opinion o	eoth occurred an the date and ho		
	OR A DIREC Direct Dept.		226. SIGNATURE	1 1	/ o	aller dearn.	11/15	DEGREE		22 DATE	SIGNED,
	-11 + 0		Muelae	l &	136	crail		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/8	21/87
	AN Sto day		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		1	4. 10.11	22e ADDRESS	DIRECTOR THISICIAN	-	
	ro Hospital etoined by 10 Funeral should be de with the Stot		/MICHO	CI. E.	PE	LCZAR	MS	ST, AGNE	S HOSPITAL		
	Of of Share	23a F	URIAL, CREMATION, REM	OVAL 73h	DATE			EMETERY OR CREMATORY	123d LOCATION		
	BP		Cremati			30500		iew Memorial	Baltimore	COUNTY	STATE
	DHMH - 16 50M 1/81	24 FU	JNERAL DIRECTOR	3.0	0	. 501			REC'D. BY REGISTRAR 25b. REGIS	Mary STRAR'S SIGNAT	
	(VRA 15, 4)		Leonard J. I	Ruck. 1	ne.	Baltimo	re. M		2 4 1097 1 1	0	2.00
		-		7 -			9 111	and married hard	CI I IJUI SHILL d	COLORADA CO	Contract of the contract of th

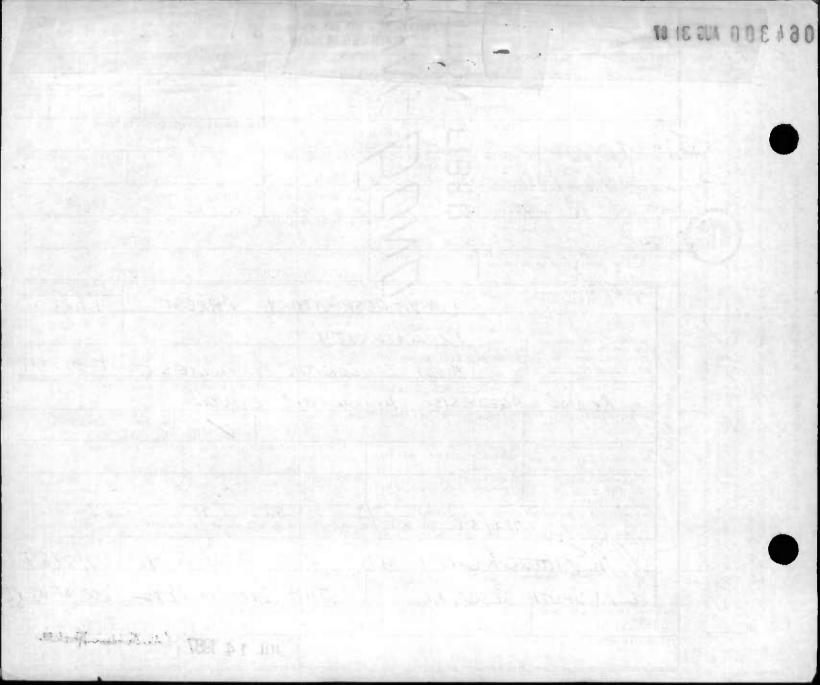
Tall throng that - STORESINO Sile depote value .8 ved : 2 12 AMERONETIS allace-lea Thereta B. Antressicator S. Ograny St. mercin without the control weither yell of an actional

10. 10. Sill 3, 97 181

STATE OF MARYLAND

064	300	AUG 3	163	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTA		BE / 2 REG. NO.	2	4 4 3
1				EASED NAME	FIRST		MIDE.E		AST		20 DATE OF DEATH MONT	TH DAY	YEAR 26 HOUR
1	2 5	400	11111	CN MINEL	GLENN	EL	SWORTH	AN	DREW		JULY 7, 1987	7	11:15PM
	noy no	6	3.5E			4. RACE		5 DATE C			6. AGE IN YEARS LAST BIRTHDAY		UNDER LYEAR IF UNDER 24 HRS
	4 90	te a	M	ALE	46.8	WHIT	E	07	/07/1987 TE	AR		YRS MON	1 37
-	4 4	No.		RTHPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUNTR		D NEVER MARRIE	K K	9. BALTIMORE CITY OR CO	UNTY OF	DEATH
	eath pera	135	M	ARYLAND		US.	A	WIDOWE	D DNORCE	D 0	BALTIMORE CIT	ΓY	MD.
	o o	1 300	10 CI	TY OR TOWN OF DE	ATH /	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTIO	NC	120. USUAL OCCUPATION		12b. KIND OF BUSINESS OR
10	4 0 to	135	B	ALTIMORE	/	THE J	OHNS HOL	KINS H	OSPITAL		(ITTE OF WOMET ON MOON OF WOM		N-DOUTH!
ND 212	24 hav	133	13u. 5	L RESIDENCE (IF NUR TATE TAND	TALE	TY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIM YES NO X		13e STREET ADDRESS / ZIP RT. 1 BOX 1		21625
YEA	on A	AMEDIA.	-	THER'S NAME					15. MOTHER'S MAID		NE .		
AA	P 6	美国的	MA	WARD	٨	AIDDLE	NDREW		GLENDA		WIDDLE	BUTL	ER
N. S.	5 5	9	16a V	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		
WO	1 10	12	1.0	rs, no or unknown)	(IF YES, GIVE	WAR OR DATES)			GLENDA	ANDR	REW	ABO	VE
LI RECORDS, 201 W. PRESTO	he faw requires that the deart on has been signed by the other	permit Thun ploase remove a ene prior to burnol, cremation, over timy rejury, or other traums	THEATION	Conditions, if ony gave rise to im cause (a), staff underlying cause PART 2 OTHER SIG	mediate ng the lost. NIFICANI C	DUE TO, CO (c) ONDITIONS C AGE	OR AS A CONSEC MUL ONTRIBUTING TO WESTS	QUENCE OF T. CO.	UGENITA	TE TERMIN		ON GIVEN	VERE FINDINGS USED IG CAUSES OF DEATH?
VII	throat throat	H H M	CERT	210 ACCIDENT WAS UN	- Land	110110 4	OF INJURY	DAY YEAR	21c. HOW INJURY C	OCCURRE	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART	I OR PART 2)
VISION OF	G Phrysicul othending p	ond Menta	MEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER	21e PLACE	.M. OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	V	COUNTY STATE
	L OR ATTENDON the hospital or L DIRECTOR, AH	a Dept of Health		220 I certify that (I sow the decea above, (I) (we) ((this haspit	7/7/	8-7 19	1	DEGREE	DING	eath occurred on the date o	nd hour a	nd fram the causes stated
	TO HOSPITA Interned by	thould be de		URIAL, CREMATION	SMIT REMOVAL	H RES		3c. NAME OF C	220 ADDRESS THE	t. D	EPT OF PE	D3	600 N. Wafe
	BP_		C	REMATION		7/8/8	7	J	НН		600 N. WOLF	E ST.	BALTO., MD. 212
		6 60M 7/84	24 F	JNERAL DIRECTOR	10		AGDRES		2	250 DATE	REC'D. BY R 1987 AR 25	A RISON	HE WAS A STATE OF THE PARTY OF

(VRA 15, 4)



07/84

DHAM - 17 TVR A15 ME (51)

BURIAL 8/20/87 MOUNT ZION CEMETERY

24 FUNERAL DIRECTOR MARCH F/H, INC. ADDRESS O1 E. NORTH AVE. REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE

EPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE	i
CEI	RTIFICA	TE OF	DEATH		

P	1 -	FOR STATE GISTRAR			DEPART	MENT OF H	ICATE OF DEA	NTAL HYGI ATH	IENE 8	2 2	es di	ş
	1. DEC	SARA	FIRST ELIZA	-	BETTY)		AST		20. DATE OF DEATH MONT		YEAR 2h	HOUR
	3. SE)			RACE	DETTI	ANDR			August 26,		RIYEAR MI	UNDER 24 HRS
		Female		Whi	te		5, 1918	3 YEAR	69	YRS		DURS MIN
7		RTHPLACE (STATE OR F	FOREIGN 76		WHAT COUNTRY?	MARRIE	D NEVER MAR	RRIED 🗆	BALTIMORE CITY OR CO		ATH	
		Georgia	711	U.S.	A . HOSPITAL, NURSIN	WIDOWE	DIVOR	RCED T	Baltimore (MD
2	I	Baltimore		(IF NOT IN SUC	39 Roland	ADDRESS) AVe.	OK OTHER INSTITU	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Producer		usiry elevi	sion
)	13a. S	AL RESIDENCE (# NURS STATE Maryland	13b. COUNT		130 CITY OR TOW Baltin	VN	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP 3939 Roland	CODE Ave.	21 21 1	
0	14. FA	James	Saffo	old	White		15. MOTHER'S M. FIRS		WIDDLE		Twitt	у
		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS			111
		No		-	215-40-0	439	John H. H	P. And	irews 1205 Cor			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE		Splano	is all	lung co	arcino	rucz		APPROXIMATI	E INTERVAL T AND DEATH
	NO	Conditions, if any, gove rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	nediate ng the last.	((c)_	R AS A CONSEOU		NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDITIO	N GIVEN IN	PART 1 a	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? 20b.	IF YES, WERI	CAUSES OF	SUSED DEATH?
1		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH			AY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR	PART 2)	
	MEDICAL	21d INJURY OCCURE	THE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	0.11	CITY OR TOWN	co	UNIY	STATE
		22a I certify that (I) saw the decease above, (I) (we) (c	ed olive an_		8/25 198	7_,0	nd that in (my) (au	19 ur) opinian d	, to	, 19 nd hour and f		t (I) (we) last
		226. SIGNATURE	Va ca	Kin	nnel	V	DEGREE ATTE PHY 122e ADDRESS	ENDING YSICIAN Z	MEDICAL STAFF DIRECTOR PHYSICIAN		8/26	NED SF7
П			***					West (Coldannina I			
	23a B	Ala BURIAL, CREMATION,		mmell	123/	NAME OF C	EMETERY OR CRE		Coldspring Lar	16		
	1	Burial		8-31			11e Cemer		Greenville M	lerriwe	therG	eorgia
		JNERAL DIRECTOR	1 6 -					250. DATE	E REC'D. BY REGISTRAR 256. R			
	Mit	tchëll-Wie	deteld	Home	6500 York	Road	21212	SE	P 3 1987	a Dunde	on Rome	lace

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

1 J. Cen					
		To be at 1			
	Chief Control				12000
			0.2	L style	The Is
New .			W 141		r i a n
11 - 11 - 12 - 13 - 13 - 13 - 13 - 13 -					
net .			no total		

notic event, the medical exa

IMPORTANT: If Item 21 is marked or Item 18 shows any injury

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

	C17.	FOR STATE		DEPARTI		EALTH AND MENTAL HY	YGIENE	la la		4	
-3	0.1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO),		
		CEASED NAME FIRST	,	MIDDLE	1	AST AST	2a. DATE	OF DEATH	HINOM	DAY YEAR	26 HOUR
	(I TPE	BAGL	EY	V.	A	NGELA		0	8	0187	10 AM
	3 SEX		4. KACE	V	5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		F	Whit	0	MONTH	22 42	58	3	¥105	MONTHS DAYS	HOURS MIN.
0	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTI	MORE CITY OF	YRS.	Y OF DEATH	
14		OUNTRY)	USA		MARRIE	NEVER MARRIED		Baltimo			
1	10 C1	New York TY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE	D DIVORCED DIVORCED		ALOCCUPATION			MD. OF BUSINESS OR
4	-		(IF NOT IN SUR	Samarit	ADDRESS) H	osnital	LIVEE OF	D SOCI	WORKING	Di T	
-	100	AL RESIDENCE (IF NURSING HOME OR				OSPICAL	Jora	0 3001		1.	
26		TATE 136 COUN	ITY	13c, CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e.STRE	ET, ADDRESS /	ZIP CQD	E 21	001
		aryland Harf	ord	Aberdee	e n	YES NO)4 Wary	VICK	Dr. A	pt.3D
71	14 FA	THER'S NAME	MIDDIE	TAST		15. MOTHER'S MAIDEN N	NAME	MIDDLE		_ LAS	it .
41		Frank		Dorazi	0	Alvina					azio
h		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	JRITY NO.	17. INFORMANT	01.78	ADDRE	55	Box 65	
1	1		E WAR OR DATES)	082-24-2	2423	Michael J.	Herber	rger C	urch	ville,M	d. 21028
		No .		1: 6	1				rui Ci	the same of the sa	MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I. DE ATH WAS CAUSE	D BY:	12-1		mount				BETWEEN	ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)	cana	ul-	avusc					
			DUE TO, C	R AS A CONSEQU	ENCE OF	1	1	+ .			
	-	Canditians, if any, which	(b)_	Levere	pu	imonory of	ryper	agreem			
		cause (a), stating the	DUE TO, C	R AS A CONSEQU	ENCE OF	2/2-1	-				
		underlying cause last.	(c)_	Dilleron	lerm	a-CRES	12	ynho	~~		
	~	PART 2 OTHER SIGNIFICANT O	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DÍSI	EASE OR CONE	ITION GI	IVEN IN PART 1	a
	Ö										
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?		ES, WERE FINDING CAUSES	
1	1						YES	NO		ES 🗌	NO 🗌
1	W.	210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTE	ER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
1	14	OR CONTRIBUTING CAUSE OF DEA	THE STATE OF THE S	.M. MONTH D	19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				COUNTY	STATE
	×	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC.)	SIREET		CITY OR TOV	VN	COUNIT	STATE
		220 Certify that (I) (the hospi	tal\ attended ti	ha decored from	7/11/	77 10	to.	8/1		10 8]	there (I) (desired
	-	saw the deceased alive an	8/1	10 \$	75	nd that in (my) (our) apinic	an death acc	urred on the do	te and ha	ur and from the	causes stated
		above, (I) (we) (did) (did no	t) view the bady	after death.		DEGREE				22c. DATE	
		276. SIGNATURE	110	/		ATTENDING	MEDIC	AL STAF	F . 1	O /	1 an
1		Class /	Frie	whow		PHYSICIAN		OR PHYSIC		10//	181
/		224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS			01		
		ELIAS	GHA	71000	IR	5601 LOCH	+ RA	VEN	BLU	O BAC	TO M D
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATOR		OCATION		CONTR. 1	Mile
		Burial	Aug.4,	1987 Ha	rford	Mem. Gardens	s Ab	erdeen	Н	arford	Md'.
0.4		JNERAL DIRECTOR				25g P	ATE REC'D.	BYREGISTRAR	256 REGIS	MARSSIGNA	Consolation
84	Ta	rring Funeral H	Home, PA	,333 SpresP	arke ;	St. 21001 AU	10 4	1001	guna		
				Aber	ueen.	TU. ZIUUI					

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

SUA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22447

	F 73	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG: NO	5.1-4	Willed	100
37 A	UG -	5	PRINT	IR5T		AIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
900	P 13	100	1	Agne	S	М.	· ·	Ardinger	Augus	t 1	1987	8:20P
		3 SE	X		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	HDAY]	MONTHS DAYS	IF UNDER 24 HR
5.1	/		Female		Whit	е	May	/	84	YRS	MONINS DATS	HOURS MIN
2/4	3	An BI	RTHPLACE (STATE OR FOREI	IGN	Th CITIZEN OF	WHAT COUNTRY	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
-	50	M	aryland		U.	S.A.	WIDOWE		Baltimo	re C	ity	N
8	00	100	TY OR TOWN OF DEATH		. HE NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE ORIS AVE	ADDRESSI	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR W	E WORKING I	LIFE) INDUSTRY	of Business o Maker
3	5	Mars M	aryland	COUN		GIVE RESIDENCE BEFOR 130 CITY OR TOV Baltimo	VN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 4214 Dori	ZIP COD		1225
N	X	14 FA	THER'S NAME FIRST Michael	٨	AIDDLE	Marc	us	IS MOTHER'S MAIDEN NA Eirst Catheri	WIDDLE		r	lester
	00/	16a V	VAS DECEASED EVER IN L		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE		1	21225
	1		(IF		WAN ON DATES	220-01	-3708	William J. 1	Beran 5200 E	allma	an Ave	Balto Mo
10			18 CAUSE OF DEATH (E PART I. DEATH WAS	nter onl	y one couse per	line far (a), (b), a	nd c		1		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
00	9				Ó BY: E CAUSE 10)		cus	Shurs	170			
it permit. Then please serie prior to fruriol, t	Dest Bry reprint, or of	THECATION	PART 2. OTHER SIGNIFICE 19a DATE OF OPERATION	CANT C			1	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDING CAUSES	NGS USED
ingl-from midi Hyd	9	CAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEAT		M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	RAR'S OR PART 2)	
th and M	of Days	MEDICA	21d. INJURY OCCURRED NOT WHILE AT WORK		21e PLACE C	OF INJURY EET FACTORY OFFICE.	FARM, ETC 1	211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
r. of Heal	m 51.9 m		220.1 certify that (1) this saw the december of	lister .	JULY	19	87, at	nd that in (my) (our) opinion	death accurred of the do			
Orte Dep			The signal	50	The		MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	JA DATE	2/81
hould be	1		Edward	JTYPE OR	S. Co	hn		7231 Ris	The Hyles	2	2106	//
2.3.3		23a B	URIAL, CREMATION, REM		23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
			Crematic	on	8/3/	87	Westvi	.ew Mem Park	Catonsvi		Balto) Mc
		24 FL	INERAL DIRECTOR					25a DAT	FRECD BY REGISTRAR	756 PEGIS	TRAP'S SIGNAT	LIRE

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce

4001 Ritchie Hgwy Balto Md AUG 04

64867

S	T	A	TE	0F	MARYLAND	

DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

67 SEP -8	87	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTALPY OF CERTIFICATE OF DEATH	GIENE 2 2 4 4 8	
may be page 3	(TYPE	CEASED NAME FIRST MIDDLE FEOR PRINTS SLENN'S	- Armstrong	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 8 30 87 5'.27 PM	-
dector p	3. SE)	Famula Black IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT	5. DATE OF BIRTH MONTH DAY YEAR T COUNTRY? 8	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HES MONTHS DAYS HOURS MIN. YRS 9. BALTIMORE CITY OR COUNTY OF DEATH	
death of the state	1	COUNTRY) A US ITY OR TOWN OF DEATH 11. NAME OF HOSPI	MARRIED NEVER MARRIED VIDOWED DIVORCED DIVORCED	Bullinus City MD. 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR	-
1	USU. 13a	AL HE SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RI	HILTY GIVE STREET A CORESS) PESIDENCE OF FORE ADMISSION) CITY OR TOWN 134. INSIDE CITY LIMITS?	TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 134 STREET ADDRESS / ZIP CODE	-
autho 24	1	ATHER'S NAME FIRST MIDDLE	YES NO I	12501 Upilot AUC 800 21215	5
Property of		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 S	SOCIAL SECURITY NO. 17 INFORMANT 7 28-49-601 MRS MELV	ADDRESS 4074-12 ADDRESS 4074-12 CARRISON Blu	ud
physician poppers moval		18 CAUSE OF DEATH (Enter only one couse per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		M BETWEEN ONSE! AND DEATH	
that the death ce- force of the display, or but a coher transmitter		Conditions, if ony, which gove rise to immediate	A CONSEQUENCE OF	Cline	
nor requires	ATION	averne te	RIBUTING TO DEATH BUT NO TRELATED TO THE TERM TOR WHICH ORERATION WAS PERFORMED TO THE TERM TOR WHICH ORERATION WAS PERFORMED TO THE TERM TOR WHICH ORERATION WAS PERFORMED TO THE TERM TO THE TERM TO THE TER	TOO AUTOPSY? TOO. IF YES, WERE FINDINGS USED	
ys the by	CERTIFICATION	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJU	IURY 21c. HOW INJURY OCCUR	IN CERTIFY ING CAUSES OF DEATH? YES NO YES NO NO NO NOTE: RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
PHYSICIAN ending phy this certific he burial-trand Mental H d or Hem 18	MEDICAL O	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED (AT HOME STREET FA	MONTH DAY YEAR	CITY OR JOWN COUNTY STATE	-
TTENDING or off TOR: After for use os the of Health or 21 is marke		220. I certify that (1) (this hospital) attended the degree saw the deceased alive on	19 X 2 And that in (my) (our) opinion	n death occurred on the date and hour and from the couses stated	-
OR A DIREC oched Dept.		above, (1) (did) (did not) view the body after	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF 820/87	
TO HOSPITAL retoined by the TO FUNERAL should be defined with the State with the	730	BURIAL, CREMATION, REMOVAL 236 DATE	PAN 1940 W	BACTIMORE STADZI	
BP		(SPECIFY) BURIAL 9/4/87	7 WESTVIEW M, TAR!	K BATOWN COUNTY MA	3
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	LATBAN THERIS F	-HADDRESTOI McCyllor 250 DA	TERECU BY REGISTRAP 256 REGISTRAP S SIGNATURY	

Charles - Here Par - Calman Comment - and 1881 - and and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE

2244

name	NIC	

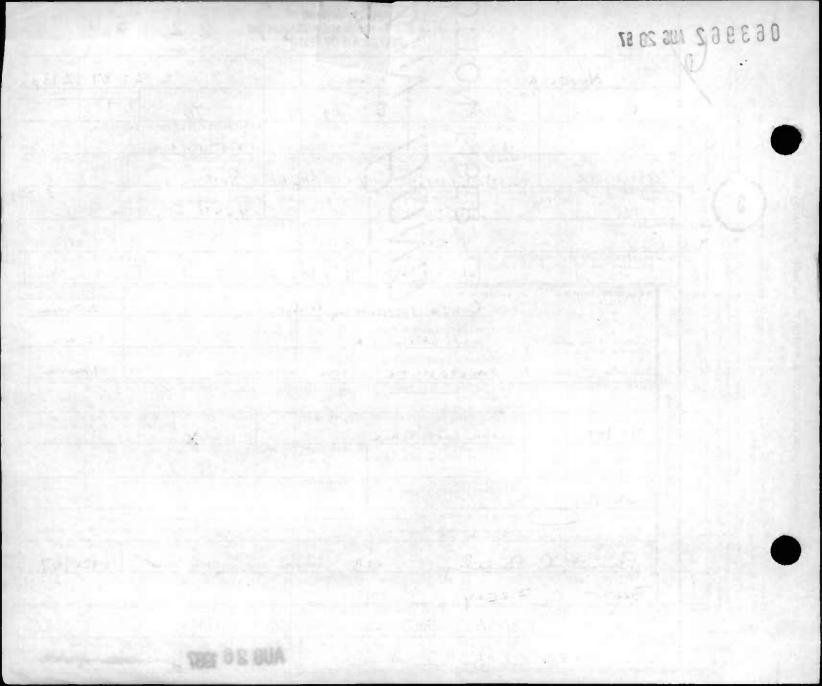
1700	1	REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
1789 AUG	-5	SED NAME FIRST	* + MIDDLE	DOMAL TO	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 24 X	7/ SE	mal	RIOL	5. DATE OF BIRTH	AGE INFRAS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
0 10 L	71.8	RTHPLACE TELEGROPHONION	TA CITIZEN OF WHAT COUN	June 24 194.	9 BALTIMORE CITY OR COL	RS INTY OF DEATH
1 12	1	DARYLAND	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAITIN	ore City MO
offer of the last	F	Altimage	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION STREET ADDRESSIV	12a USUAL OCCUPATION (11/E OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS OR
27	1050	AL RESIDENCE IN MALENG HOME OF	OTHER INSTITUTION GIVE RESIDENCE	13d. INSIDE CITY LIMITS	? 130 STREET ADDRESS / ZIP C	COPE
	1//	MRY/And	1000	MORC YES IN NO [156/6 2/hc	1416 W. 3/201
BRIX		SERMIT	ARN	old SR. First	MAC	LegRAnd
Popular Popular		NAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	40-415 BORNANT	He BAKER 5	616 Sinclare L
1 2675		IE CAUSE OF DEATH IEMEY OF	ly one couse per line for rail, t	ht, and is a	1113	APPROXIMATE INTERVAL
The state of the s	18	PART I DEATH WAS CAUSE IMMEDIAT	E CAUSE IN COCK	te aposaid	in ongard	200
			DUE TO OR AS A ON	SEQUENCE OF CA	edio uno oc	for a
than the		Conditions, if any, which	(1)	cur c - a	10 12	7 41
1 4111		couse io stating the underlying cause last	DUE TO, OR ASA CONS	EGHENCE OF CILENT	c Cartion	would
147	10	DART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTION	S TO DEATH BUT NOT RELATED TO THE TE		GIVEN IN PART 1 o
de the state of th	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	3 TO DEATH BUT NOT RELATED TO THE TE	ERMINALUISE ASE OR CONDITION	GIVEN IN PART TO
Part per	TIFICATION	THE DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
11110	GER	21s. ACCIDENT WAS UNDERLYING.		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	M 18 PART I ORPART 2)
P 101 1	3	OR CONTRIBUTING CAUSE OF DEA	The state of the s	19		
D TAN D	MEDICAL	11d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1000	1	WHEET OF SET WHEET OF				
o Maria	10	22a.l certify that (1) (this hospit			, to	, 19, that (I) (we) last
FET PET PET PET PET PET PET PET PET PET P	12		t) view the bady after death.		on death occurred an the date and	
A DOUGH		The side of the same	mili.	DEGREE ATTENDING	S MEDICAL STAFF	22c DATE SIGNED
ERAL State	-	THE PHYSICIAN'S NAME (1996 O			DIRECTOR PHYSICIAN	10/7/8/
o fundable to the		GPALL W	V. PATI	Zi Go,		
00	2	URIAL, CREMATION, REMOVAL	23b. DATE 10 17	230 NAME OF CEMETERY OR CREMATOR	/CITY OR TOWN	COUNTY MIALY
01-	1	INERAL DIRECTOR	19/0/8/	1711- 210h Comen	7-11-11-1	GISTRAR'S SIGNATURE
OHMH - 16 60M 7/84 (VRA 15, 4)	M	ARShall W. Jon	es JR FH. ADD	4101 Edmondson the	AUG 0 4 1997	John Birden Renders

061789 AUG-587 Little author to the standard of the standard and the comment of t No. 25 Belleville of Control of the Spatial State of the BERCHARL SAIL SAIL STANDARD OF BERCHARLES

STATE OF MARYLAND

2 4 5 0

396 ₁ 2 Aut	S-28 STAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 5 0	
	DECEASED NAME FIRST	MIDDLE	EAST		MONTH DAY YEAR	2b. HOUR
71	NOVELL NOVELL	A	ARNOLD		8 20 87	2:13 pm
8° / 11	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
100	Femalo	Black	MONTH DAY YEAR	70	YRS MONTHS BATS	HOURS MIN.
70.	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY O		
1 8 3	Tenn	USA	WIDOWED DIVORCED	Baltimor	ecity	MD.
7700	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON /126 KIND	OF BUSINESS OR
VA	ual residence I if nursing Home of	North Charle	25 General Hopital	Retired	F WORKING LIFE) INDUSTRY	
189	STATE MID 136. COU		YES NO NO	13e STREET ADDRESS		ad 2/229
100	FATHER'S NAME FIRST	MIDDLE ROSS	15. MOTHER'S MAIDEN NA Annie	WE	Rog	AST -evs
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI		JRITY NO. 17 INFORMANT -2963 Shiney F	Imold 2	040 Bruck	
9 9 9	8. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ar	id (c).)			XIMATE INTERVAL N ONSET AND DEATH
duo i		TE CAUSE (0) Cardio -	respiratory failure		2	o min
on the state of	110	DUE TO, OR AS A CONSEQU	ENCE OF			
0 0 0	Canditians, if any, which gave rise to immediate	(16) aspirate	on / ·		12	ws.
other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		noma		Monde
dury, or there of			DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PART 1	lai
ne prior to	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
1	7131/87	colon cercin	20144	YES T NO TO	IN CERTIFYING CAUSE	S OF DEATH?
18 18 18 18 18 18 18 18 18 18 18 18 18 1	OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR			100
d or hen	(IF EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION			
ME	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	WN COUNTY	STATÉ
10 17		ital) attended the deceased fram		, ta	19	that (we) last
المروة و	saw the deceased alive ar abave, (1) (we) (did) (did no	at) view the bady after death.	, and that in (my) (aur) apinian	death accurred an the do	ite and haur and fram the	e causes stated
1177	226. SIGNATURE		DEGREE		22c. DAT	ESIGNED
10/2	Brent C	Buily	MY ATTENDING PHYSICIAN	MEDICAL STAF	IAN P 81	20/87
37	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS			
NAOR!	BRENT C.	BIRELY				
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Name of CEMETERY OR CREMATORY lington Nat Cemeter	ATTINGTO	n county	STATE
-	FUNERAL DIRECTOR	0/20/0/ Ar		<u> </u>		Va
OM 7/84		West 4300 Wabas	h Augnus	IR 26 mor		The state of the s
(, 4) V	mis os march 1/11	MEST ASON MUDGS	n Avenue	0 4 0 50/	of the wall of the	Southern .



	1	17.
_	-	34
=	- 6	5.3
25	0,00	5 1
0 2	9	39
3	6	78
ž,	3	4 5 E
ž	3	84
2	A.	7 6
N.	(; '	不测
ALT	1	
00	Theo	50
2	100	5.0
0	# 6	P.S
RES	-	50
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	=	4.5
5	#	9 9
25	1	51
ORC	-	15
EC	80	4 1
4	25	5 4
5	7.5	10.0
6	200	10
ő	F 49	200
VIS	01	14
ä	200	A D
	E E	0 4
-	SO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certifican be exhapted within 24 hours after death entoring by the hospital or otherding physician.	10 FUNERAL DIRECTOR, After this certificate has been signed by the ortanding physical Mod careplerely Julied in by the funeral should be denothed for use on the buriob-transit permit. Then places remove contactory and 2 signal to lifed within 72
	0 2	000
1000	N. A.	BAI
	500	N P
	T 19	0 6
	20 0	

1		I em 16b, Film	6632 10-	7-87 aw	STATE	OF MARYLAND				
	V.	per informa		Ser. DEPARTM		EALTH AND MENTAL HYGII ICATE OF DEATH	NE Z	22	cl in	1
AL	62	8-87 NAME FIRST	card	MIDDLE			REG. N	MONTH / DA	Y YEAR 2h	HOUR
	COM	ELLEN		€.	ARK	PINGTON	M DAIL OF DEATH	8/20	187	1:47
	1. SE	×/	4. RACE	11	5. DATE C		AGE IN YEARS LAST BIR	THDAY IF	UNDER I'YEAR IF U	INDER 24 HRS
3		TEMPLE	BLAC	CK	1	126/3-1	30	YRS.		
0		RTHPLACE (STATE OR FOREIGN	USA	WHAT'COUNTRY?		NEVER MARRIED	BALTIMO			
_	.10. C	N.C.			WIDOWE HOME C		120 USUAL OCCUPAT		12b. KIND OF BU	SINESSOR
3	03	ALTIMORE	(IF NOT IN SU	CH FACILITY, CAVE STREET A	DRESS)	D. E.R.	TYPE OF WORK FOR MOST O		INDUSTRY	0.1.200 0.1.
3	12a.	AL RESIDENCE (IF NURSING HOME (IF NURSING HOME (IF NURSING HOME))		13 CITY OF TOWN BALTO			3. STREET ADDRESS 2115 DIVIS	ZIP CODE ON STRI	EET 2121	7
5	5"	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	E MIDDLE		LASI	
1	/	HENRY		BÜLLOC		CLEOPHUS			ARRII	NGTON
1			RMED FORCES?	212-58-076		CLEOHUS A. PE	RRY 2115 D		STREET	
•		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	r line far (a), (b), and	500	MONARU	ARRECT		BETWEEN ONSE!	INTERVAL AND DEATH
5		IMMEDIA	ATE CAUSE (a)	CHICIT	PAR	(riciorated	2.4		MINOR	(6)
91		Canditians, if any, which	DUE TO, C	OR AS A CONSEQUEN	NCE OF					
		gave rise to immediate cause (a), stating the underlying cause last)	DR AS A CONSEQUEN	NCE OF					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	V IN PART Tra	TIE!
9	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS ING CAUSES OF E	
1	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAI	RM ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a. certify that (1) (this has				, 19	, ta			(I) (we) las
		saw the deceased alive a abave, (1) (we) (did) (did)	nat view the body	ofter death.		d that in (my) (aur) apinion de	eath accurred on the d	ate and haur o		
		226. SIGNATURE	11	F St	的	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (8/20	87
		THE PHYSICIAN SNAME IS	CH	GUND)		??e ADDRESS	-100	1		3/
		SURIAL, CREMATION, REMOVA (SPECIFY)	L 236 DATE	23c N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		BURTAL.	8/29/	87 BRO	WN F	UNERAL SERVICE	WARRENTO	N		N.C
4	1	JNERAL DIRECTOR		ADDRESS		ALIC	REC'D. BY REGISTRAR	1 1 1	. 44	60
	W	M. C. MARCH F/	H 1101 E	. NORTH AV	/ENUE	21202	20 301/2	CHE, CHU	dien-Mande	, NO.

AUG 26

6325	AUG 2	18	FOR STATE PREGISTRAR CREA	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	HNE 7 HG. 2	2 4 5 2
1 3	71 9	100	CEASED NAMED PEARly	m.	Arts	2n. DATE OF DEATH	8 14 87 8 DPM
- out 10	d and A	3. SE	2	* RACE Black	S. DATE OF BIRTH	73	PROATS FUNDANT TELE A UNIDER ZATIES. PROATS CARS PROMISE MARK. YRS.
9	A STATE OF THE STA		S.C.	THE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	t. CITY MO
201	3/		Balt	OF NOT IN SUCH FACILITY, GAVE STREET A	FSA	Retire	
AND 21	R. R.	lla i	MD IS COUN	OTHER INSTRUCTION ON MISSENCE MADE ITS CAP ON TOWN	YES NO [Chase St. 21213
-	130	(Charlie	Adg.	IS MOTHER'S MAIDEN NAMED IN THE SUSSIAN	ME MEDIU) ian
TIMORE be esso	Pages .		WAS DECEASED EVER IN U.S. ARI	A STATE OF THE PARTY OF THE PAR	2697 Jessie ERU		E. Chase St.
ST., BAL	g physic on paper removal.		II. CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIAT	by one course per line project the one D BY. E CAUSE (a)	reatic Ca Eme	testeses	BETWEEN ONSET AND DEATH
Mostly o	otherdin over corb filon, or roumdile		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF		
on W. PS		1	cause iai, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	11-4-20-	
RDS, 20		NOI	PART 2: OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	MANAGEMENT AND THE STATE OF THE
AL RECO	100	TIFICAT	1% DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOW	10h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
E 38	1100	1 8	21st ACCIDENT WAS UNDERLYING	21h TIME OF INJURY	21r HOW INJURY OCCURS	NED THILLIAM MATURE OF HOUR	TO SHATE OF THE PART OF THE SHATE TO

P.M. 214 INJUNY OCCURRED 211 LOCATION 21e PLACE OF INJURY EITH OR TOWN LAT HOME STREET, FACTORY, OFFICE HARM, \$10.1 NO WHILE [27x I certify that (I) (this hospital) attended the deceased from saw the deceased glive on above, (It (we) (did (did not) see the body after death and that in (my) (nur) opinion death accurred on the date and hour and from the causes stated

27h. SASTEMBLINE THE DATE SIGNED ATTENDING MEDICAL

AUBURN CEM

DIRECTOR PHYSICIAN 274 PRYSICIAN'S NAME (Tre. ADDRESS

HOUR A.M. MONTH DAY

8/22/87

734 LOCATION CITY OF HOWN 23s BURIAL CREMATION, REMOVAL 23b DATE 23: NAME OF CEMETERY OR CREMATORY

YEAR

24. FUNERAL DIRECTOR C. MARCH F/H, INC. 1101 E. NORTH AVE.

OR CONTRIBUTING [] CAUSE OF DEATH

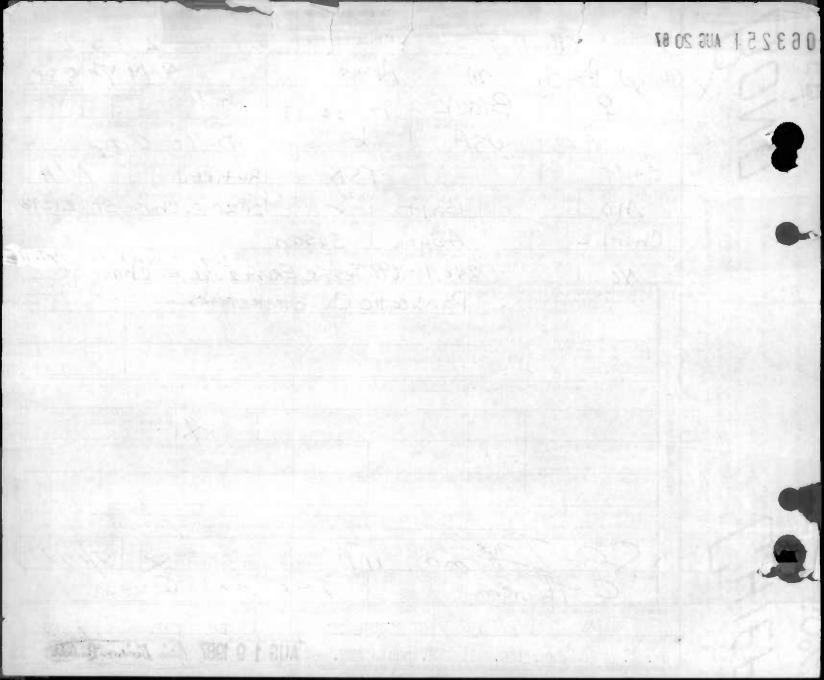
DIMERY

BURIAL

COUNTY BALTIMORE MD

554H

DHMH - 16 50M 4/83 (VRA 15, 4)



	FOR			DEPART	MENT OF		AND ME		YGIENE				
1-	STATE							5.5	4		2	41 40	2
1 DE	CEASED NAM	E FIRST		WIDDLE			LAST	,	100		OWN IX	MONTH DAY	YEAR Zb. HOU
1 8	PE OR PRINT)	NTO	CHOLAS		Р.	ARV	ANITIS	S		OF 'ES	TED	8-17-83	7 1
		4. RACE	S DATE OF BIRTH		6 AGE INY	EARS IF UN							YEAR AMHOL
M	ale	White	8 14	52	35	RS. MONTI	HS DAYS	HOURS	MIN. IP	DEAD	,	8-17-8	
70. B	IRTHPLACE (5	TATE OR	76 CITIZEN OF W	HAT COUN	VTRY?	8. MARR	IED XXNEV	VER MARRI	ED [BALTIMORE	CITY OR	COUNTY OF DE	ATH
													W
10 C	ITY OR TOWN	OF DEATH				E, OR OTH	IER INSTITUT	TION				OR II	OF BUSINESS NOUSTRY
PICIL	Baltimo	re							па1.	ruresse	er	наіг	dressin
130 S	TATE	113b COUN		113c CITY	ORTOWN		13d INSIDE CI YESX(X)	NO [Tae STRE	S. Po	onca S	Street 2	1224
14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	N NAME	MIDDLE		LAS	31
	Pete				nitis				sia				
160 (WAS DECEASE VES. NO. OR UNKNO NO	D EVER IN U.S. ARI					IMrs.	Irene	Arva	anitis		imore, M	d.
	18 CAUSE O	F DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)			- 4				APPR	OXIMATE INTERVAL IN ONSET AND DEAT
	PARTIDE			Gunsh	ot wou	and of	head	() \					
		, , , , , ,	DUE TO, OR	AS A CON	NSEQUENCE	OF							
	gave ri	se ta immediate			110								-
	lying cau) stating the <u>under-</u> use last.	DUE TO, OR	AS A CON	NSEQUENCE	OF							
	DADY 2 OTHER C	CNICICANT CONDITIONS	(c)	AUT NOT BELL				·					
Z	FAKE 2 OTHER 31	ONITICANT CONDITIONS	CONTRIBUTING TO UCAIN	KUI MUI KELI	AIED IU INE IEK	WINAL DISEAS	E OR CONDITION	N GIVEN IN PAI	ti i io.				
\A N	190 DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFOR	MED?				20 AU	TOPSY?
FE												YES	NO 🗆
CER					DAY YEA	R				ATURE OF INJURY II	N ITEM 18 PART	T 1 OR PART 2)	WE IN
CAL	CONTRIBUTI	NG CAUSE OF	DEATH 10:05A	-8 M	-17-87	se		licte	ed				15 22
WED			STREET, FAC					Once	Stra	SHY OR TOPON	timor	re couMarv	land STATE
	AT WORK	AT WORK	nome					Orica	2016	JC Dai	CINOI	-0,	
	22a. I certi	fy that I took charg	ge of the remains de	scribed abo	-			Inspection	n [],	Inquiry	, and ir	n my apinian	
	death result	ed fram: Natur	ral causes .	Accident	5	vicide [X	, Hamic	ide	Undeter	mined manne	r [],		
	ACTUAL	Wr	124 :-	Me	160	00	, ,					DATE S	-17-87
1	SIGNATURE.		mule	20,6	710	M_M	.D. ASSI	IStall	MEDIC	CALEXAMINE	R	SIGNED.	27 07
			Margarit	a A	Korel	1.M.D	ADDRESS		11	1 Penn	Stree	et	
23o. B	UDIAL COTALA	TION SELECTION I						ORY					
1	SPECIFY) Buri	ial	8-20-87					7	Ba.	ltimore		ltimore	Md.
74 F	UNERAL DIREC	TOR	Matth capers	Func	an I Una	70	I	250. DATE P	ECD BY	REGISTRAR 3	A REGIAN	AN SIGN	EK'E
An	3021 Ea	astern Av	e. Balti	more.	Md	21224		3770	20	1987 d	C. (CC) 12-00		
	3. SE M. 70. 8 M. 10 C. 10	J. SEX Male 70. BIRTHPLACE (SFORECH COUNTRY) Greece 10 CITY OR TOWN Baltimo GSUAL RESIDENCE 130. STATE Maryland 14. FATHER'S NAME FRIST Pete 160. WAS DECEASE (YES. NO OR UNKING 18. CAUSE C PART I DE Condition gove riccuse (o lying coul VIDERLY INC CONTRIBUTI 210. EXTERNA UNDERLY	TOTALE REGISTRAR I DECEASED NAME I SEX Male White I SEX I RACE Male White I RACE Male I RACE I RACE Male I RACE Male I RACE Male I RACE Male I RACE I RACE	REGISTRAR I. DECEASED NAME PIRST NICHOLAS 3 SEX 4. RACE Male White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greece	RESISTAR I DECEASED NAME REGISTAR I DECEASED NAME RESISTAR I DECEASED NAME RESISTAR NICHOLAS S. SEX I RACE White S. DATE OF BIRTH MONTH I DAY S. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greece II CITY OR TOWN OF DEATH Baltimore RESUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION,	TORCEASED NAME REGISTRAR I DECEASED NAME REGISTRAR NICHOLAS P. 3. SEX MALE White NICHOLAS P. 3. SEX MALE White NICHOLAS P. 3. SEX MALE White NICHOLAS P. 3. SEX MALE NICHOLAS P. 3. SEX MALE NICHOLAS P. 3. SEX MALE NICHOLAS P. 4. RACE NOWNITH NOW	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C ARC ARC MEDICAL EXAMINER'S C ARC ARC MEDICAL EXAMINER'S C ARC MEDICAL EXAMINER'S C ARC ARC ARC ARC ARC ARC ARC A	DEPARTMENT OF HEALTH AND MI MEDICAL EXAMINER'S CERTIFIC I STATE REGISTRAR I DECEASED NAME REGISTRAR NICHOLAS P. ARVAITTI I SEX MALE White S DATE OF BIRTH B AGE IN TABS I LOSS DATE	DEPARTMENT OF HEALTH AND MENTAL MEDICAL EXAMINER'S CERTIFICATE IDECEASED NAME INICHOLAS P. ARVANITIS 3. SEX.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECASED NAME INCHOLAS NICHOLAS P. ARVANITIS J. SEX White S. DATE OF BIRTH White S. DATE OF BIRTH White S. DATE OF BIRTH S. DATE OF BIRTH White S. DATE OF BIRTH S.	DEPARTMENT OF HEALTH AND MENTAL HYCIENE MEDICAL EXAMINER'S CERTIFICATE GRATH DECEASED NAME INCERDISTRAR MEDICAL EXAMINER'S CERTIFICATE GRATH DECEASED NAME INCERDISTRAR MICHOLAS P. ARVANITIS DESTRIBUTION NICHOLAS P. ARVANITIS DEATH MAD DECEASED NAME INCERDISTRAR MAL NICHOLAS P. ARVANITIS DEATH MAD DECEASED LYRE IF UNDER 7 MRS. 70. DATE PRONOUNCE DEATH MAD DECEASED LYRE IF UNDER 7 MRS. 70. DATE OF BRITHPLACE ISLANGOR GROCOLARY GROCOLARY GROCOLARY GROCOLARY GROCOLARY GROCOLARY DECEASED LYRE IN U.S. ARMED FORCES? IN AMOUGH ATVANITIS DECEASED LYRE IN U.S. ARMED FORCES? IN AMOUGH ALVANITIS DECEASED LYRE OR ARMED FORCES? IN AMOUGH ALV	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE & DEATH DECEASED NAME MEDICAL EXAMINER'S CERTIFICATE & DEATH MEDICAL EXAMINER'S CERTIFICATE & DEATH DESTINATION NICHOLAS P. ARVANITIS J. SEX NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS J. SEX MARKED & LARCE White SOLID SETTINATION NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS DEFINATION NICHOLAS P. ARVANITIS MARKED X-NEVER MARKED DEFONOUS DENOCHORS NOTEGOR BALTIMORE CITY OR. BALTIMORE CITY OR.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REDICAL EXAMINER'S CERTIFICATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REG. NO.	2	2	4	5
_		-	-	-	-

	_								REG. N	0. 17			
	1. DEC	EASED NAME	FIRST	A	AIDDLE	L L	AST	7700716-7	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	N
4	12	1 PR	LEDA) -1	NMI	4	SUER			2 2	2 87	7201	7
	1 SEX	(RACE	01.2	5. DATE C			6. AGE (IN YEARS LAST BI	4	UNDER I YEAR	IF UNDER 24 HRS	<u>-</u>
	1	MALE		h	SHITE	MONTH	3 23	VEAR OF	8:0	YRS.	ONTHS: DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	2 8			9 BALTIMORE CITY		FDEATH		
2		RYLAND	- 7	USA		WIDOWE	D NEVER A	ORCED T	BALTIMOR	E CITY		MI	
1		TY OR TOWN OF DE	ATH	1. NAME OF H	IOSPITAL, NURSI	NG HOME C			120 USUAL OCCUPAT		126. KIND C	OF BUSINESS OR	
2		LTIMORE		UNIVE	RSITY HO	SPITA	L		PROPRIETO			ESTATE	
5	13a. S	AL RESIDENCE (IF NURS TATE ARY LAND	18P CONN.		131. CITY OR TOV	VN	13d INSIDE C	3.5	130.STREET ADDRESS	/ ZIP CODE	(21	176)	
6	-	THER'S NAME	DALI	IMORE	KEISTER	OTOWN	YES [MAIDEN NAM	317 HOLLY	UILL KI). (21	136)	-
26	1	SES FIRST	N	NDDLE	ASNER	F-926	ANN		WIDDLE	RO	OGOFF	T	
2		AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADDR	ESS			_
L	{1	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	216-14-	0027A	HYMAN	ASNER	317 HOLLY	HILL RE). (21	136)	
	NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	, which nediate ag the last.	DUE TO, OF	ASA CONSEQUENTRIBUTING TO	ENCE OF	LEUK			IDITION GIVER	V IN PART I	0	
Z	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY?			NGS USED OF DEATH?	
1	PC2211	210. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEAT	HOUR A./	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU			но 🗆	-
	MEDICAL	21d INJURY OCCUR	HILE [21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211. LOCATIO	N	CITY OR TO)WN	COUNTY	STATE	
		220.1 certify that (1) saw the degeas above, (1) (wa) (c 22b. SIGNATUR)	ed olive on_	X127	196		DEGREE A	TTENDING	death accurred on the d	FF _			-
		FLAVIO	KRI	TER			22e ADDRESS	HUO	GREN :	of BA	UT MOR	2E, MD21	201
	(1)	URIAL, CREMATION, SPECIFY) JRIAL	REMOVAL	236 DATE 8/24/			EMETERY OR CO		23d. LOCATION CITY OF TOWN BALTIMO	RE, BAI	TO.	MD. STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS.
NAME OLD REISTERSTOWN RD. BALTO., MD. (21215) AUG 28 1987

- Saul cually

CALLED LOT LANGE YEAR SHEET VERNE MINISTER A LANGE OF A

police property of the company of th

S 6 Gallaia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. No.	REG.	2	2	and	5	
----------	------	---	---	-----	---	--

1. DÊ	CEASED NAM	AE FIRST		Keith A	TWOOD	LAST		21	DATE KNOW OF ESTI- DEATH MATE		H DAY YEAR	2
1	le	4 RACE Whit	e 6 14,	1987 6. AGE (IN LAST BIRTH	YEARS IF UN		IF UNDER HOURS	MIN. P	t. DATE RONOUNCED DEAD	8-1	DAY YEAR	1
PC N	RTHPLACE (PREIGH COUNTRY) Iarylan	d	76. CITIZEN OF W		WIDOW		DIVORCI	ED 🖸	Baltin	nore Ci		
	Balti	more	(IF NOT IN SUCH FA	SPITAL, NURSING HOA ACHITY, GIVE STREET ADDRESS SCOTT KEY	Medio			FOR MO	AL OCCUPATION DST OF WORKING LIFE endant	N (TYPE OF WOR	KIND OF E	TRY
13a. S	Maryla	nd 13b CO		13c CITY OR TOWN Baltimore	SION)	13d. INSIDE CI YES	NO [13e STREE	EI ADDRESS 5 Caven	dish Wa	ay 2122	4
	ATHER'S NAM FIRST Jam	es	M •	Atwood		Í	R'S MAIDE IRST Dawn	NNAME	MIDDLE		Mood	У
16a. V (Y	VAS DECEASE ES. NO, OR UNKN NO	DEVER IN U.S. OWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	None	ITY NO.	Gai		dy 14		yan St	reet 212	2
NOI	PART 2 OTHER S	SIGNIFICANT CONDITI	(c)ONS CONTRIBUTING TO DEATH		RMINAL DISEAS			RT 1 (a)				
TIFICAT	19a DATE O	FOPERATION	196 CONDI	ITION FOR WHICH OPE	RATION W	AS PERFOR	MED?				20 AUTOPS YES 🔀	r ?
MEDICAL CERTIFICATION	UNDERLY INCONTRIBUT	ING CAUSE	OF DEATH P.A	A. MONTH DAY YEA	AR		OCCURRE	D LENTER NA	NTURE OF INJURY IN IT	TEM 18 PART 1 OR	PART 2)	
-	21d INJURY WHILE AT WORK	NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)		TREET			CITY OR TOWN		COUNTY	
23a B		tify that I taak ch	orge of the remains de		Autop	, Homic	PECIFY)	Undeter	Inquiry , mined manner	and in my DAT SIGI	E Q_1	7-
	EXAMINER'S (TYPE OR PR	NAME INT)	Margar	rita A. Kor	ell,M	ADDRESS_			Penn St	treet		
	Buri		8-19-87	23c. NAME OF C Oak I	awn			23d 100 City of Bal	timore	Maryla	nd	STA
24. F	UNERAL DIRE	7922 W	uck Funeral ise Ave. Di	Home of D indalk, MD	undal 2122	2	AUG	19 4	OOT SUM	REGISTRAR'S		1

07/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

(1)

AUG 19 1987 La Sinda Aprila

ATTENDING PHYSICIAN.

TO HOSPITAL

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. An shauld be detoched for use or with the State Dept, of Realth

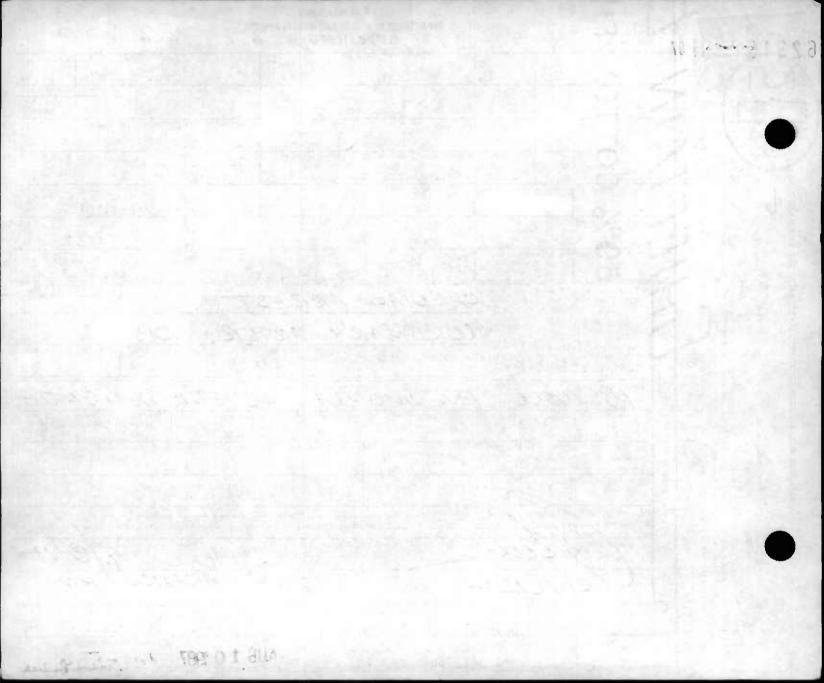
MPORTANT, If fure 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EG. NO.	G. NO.	3	-1	5	
---------	--------	---	----	---	--

G	1 -	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE / DEG N	2 2 4 5	6
٦		CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTHE DAY YEAR	2b HOUR
	(11PE	Gertrud	le M.	Auffart	h		Aug. 8 1987	M
4	3 SE)	(4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEA	
	15.	F	W		ch 29 1900	87	YRS VAL	S HOURS MIN
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY C	R COUNTY OF DEATH	
5		MD.	USA		RRIED NEVER MARRIED L	Baltimore	City	MD.
	10 C1	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING HOM	AE OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126, KIND	OF BUSINESS OR
1	Ba	ltimore	Belai:	r Convalesar	ium	Homemaker		Y
	LISU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	ON)			
5		D. 138	material department of the second of the sec	Baltimore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	wood Ave. 2	1206
	14 FA	THER'S NAME			15. MOTHER'S MAIDEN N	AME	wood nve. 2	1200
		Arthur	C	Heise	Caroli	ne M.		issner
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO 215-07-05811		ADDRE		1013
	()	es, no or unknown) (if yes, given	E WAR OR DATES)	215-07-05811 214-22-1261		King 4918 Ca		
1		18 CAUSE OF DEATH (Enter or			Tonaries II.	King 4910 Ca		DXIMATE INTERVAL N ONSET AND DEATH
	21	PART I. DE ATH WAS CAUSE	D BY:	-ARDIA	- ARRE	57	BETWEE	N ONSET AND DEATH
	9	IMMEDIA	re CAUSE (o)					
		Canditians, if any, which	DUE TO, OF	CSOFTE OVENCED	TRY AR	TERY	DIS	
1		gave rise to immediate couse (a), stating the) (b)_		1			
1		underlying cause last	DUE TO, OF	R AS A CONSEQUENCE O	F			
	ш	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DEATH E	RUT NOT RELATED TO THE TER	MINAL DISEASE OF CON	DITION GIVEN IN PART	lia
	CERTIFICATION	10551BC	G 1	PREUM	ONIA,	SEVERE	DEKIE	NAA
3	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	
	STIF					YES NO	YES [NO [
		210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YE	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	THE SECOND
1	CAL	OR CONTRIBUTING CAUSE OF DEA	THE STATE OF THE S					
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY	STATE
	>	AT WORK OF AT WORK OF	7	EET, TACTORT OFFICE TARM, ETC.				
		27x I certify that (lights hospi	tol stunded the	deceased from		, to		that (1) (we) lost
		saw the decrased glassing above. (If we) idid just no	the body	after death.	, and that in (my) (our) opinion	n death occurred on the de	ote and haur and from th	e dauses stated
1	50	27% SIGNATURE	1100		DEGREE		224,543	3996
		1 /4	cusi		ATTENDING PHYSICIAN	MEDICAL STAP	IAN D	1/00
		274 HHYSICIAN'S NAME CHIT O	1 Chillian		22e ADDRESS	V HARL	AROLE	50
		RIVE	101		011	1 13/3/4	0,02	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23t NAME O	F CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		
		Burial	8-10-8	37 Oak L	awn Cem.	Balto.	Balto.	Md.
	24 FU	NERAL DIRECTOR		ADDRECE		TE REC'D. BY REGISTRAR	756 REGISTRAR'S SIGNA	TURE
		JOHN C. MILLER	Inc. 6	415 Belair R	d.	UG 1 0 1987	1. Tine	7
								Serles proper



8-21-87

064069 AUG 28-07.

1. DECEASED NAME

Remova]

State Anatomy Board

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

TYPE OR PRINT

Dr. Ayanian - brother 859-1333 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 286. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN BUNTONSOILLY CITY OR TOWN COUNTY STATE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE in Davidson-Mandale Balto., Md.

REG. NO.

2b. HOUR

12h KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

RETAIL

11:07

20. DATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH - 17 (VR A15 ME (5))

ER FUNERAL HOMES, INC. FALLS PKWY, BALTO, MO. 21216

TIDE

STATE OF MARYLAND 062625 AUG 13:87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME DATE KNOWN TYPE OF PRINTS OF ESTI-DEATH MATED Charles Bailev 8 8 6 10 3 SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. JE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED :53 DEAD å 8 Male Black 10/17/13 TA BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City Maryland USA WIDOWED [DIVORCED IB. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 201 N. Braodway Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore 201 N. Broadway St Apt 17.1 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Bailev Victory Bailev. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 219-16-4311 Williams H. Bailey 1516 W. Strickland St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXĂ. E USED AS A BURIAL-I OF HEALTH AND MET URIAL, CREMATION, lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
BAJITIMORE, MARYLAND, 21201 PRÍOR TO BURIAL, YES [] NOIX 21a EXTERNAL CAUSE WAS 21b. TIME OF IN IURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took sharge of the remains described above, held an and in my apinian Hatural causes death resulted Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/7/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 8/11/87 Mt. Zion Cemetery Burial Lansdowns A.A. Maryland 24 FUNERAL DIRECTOR **DHMH - 17**

Charles A. Rice FSPA 1300 Eutaw Pl

(VR A15 ME (5))

26 1-1 1 1 1 32

062960 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO ASED NAME MIDDLE 2n DATE OF DEATH MONTH 2h HOUR BAILEY PONALD 08 -87 0 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 1 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) VF A D 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED VET WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IN NOT IN SUCH FACILITY GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Raina AS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO 000 R 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT ITES, MOJOR JUNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY SHOCK IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PNEUMONIA CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.a. RENAL FAILURE. MYOCARDIAL INFARCTION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 28h JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) AT HOME NOT WHILE 22a.1 certify that (1) (this haspital) extended the deceased from saw the deceased alive an 19 abave, (1) (well (did) (did not) view the bady after death. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED 8-10-87 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MEDICAL CENTER DUONG LIBERTY THE BURIAL PREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE UP OF TOWN 254 DAJE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BEHS FUNERAL HOME 1129 N. CAROLINE

ä d d ORT

and the second of the second o

The state of the s

DIVISION OF VITAL RECORDS, 701 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AL	REGISTRAR			20.1	CERTIF	ICATE OF DEATH	8	REG. NO.	2	2 4	4 6 1	
	CEASED NAME	FIRST		MIDDLE	-	AST	20. DATE OF	DEATH W	ONTH D	AY YEAR	25 HOUR	4
(TTPE		red	Lo	ise	Da	iley			8-1	1-87	6301	M
3. SE	x		4 RACE		5. DATE C		6. AGE (INY	EARS LAST BIRTH		IF UNDER TYEAR	R IF UNDER 24 HR	
F	emale	-	Whit	te	O L	4 20		67	YRS.	DATS	HOURS MI	٧.
ra. Bi	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.		9. BALTIMO	9. BALTIMORE CITY OR COUNTY OF DEATH				
1	OHIO	00.5	USA		MARRIE		Bat	Battimore				
16.C	TY OR TOWN OF DEA	ATH /		HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL C	OCCUPATIO		126 KIND	OF BUSINESS C	MD. DR
B	atten	1	LIF NOT IN SUC	CH FACILITY GIVE ST		Hame	(TYPE OF WORL	K FOR MOST OF	WORKING LIFE	INDUSTRY	1	
USIL	AL RESIDENCE IF NOR	HIG HOW OR	CTHEN INSTITUTION	GIVE RESIDENCE DE	EUDE ADMISSION	Home	Indusc	-mit	0		100	1
N		CARE		Union	OZN . 1	13d. INSIDE CITY LIMITS? YES X NO	20B	Man	n St	OPI	3 191	/-
M. FA	THERSNAME		HODU	- ŁAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		Mck	Kenzie	
HE	RMAN			OILER	3	Emm	20	MIDDLE		XXXXX	EXIX.	
	VAS DECEASED EVEN			IM-SOCIALSI	ECURITY NO.	17. INFORMANT		ADDRES	S	7	-	
	NO	(is sky ens	WAT OR DATES	213-64	1-7234	Nancy Spenc	e 4256	FSK H	wv. T	aneyto	wn MD	
	II CAUSE OF DEAT	H (Enter on	v one cours pe	line for rat, the	and (c)	1		//			XIMATE INTERVAL	н
	PART I DEATH W	YAS CAUSE	D EV	Coul	H. 10-0	Datani a	LLOY I	4		- OLIVER	CASE LAND DEATH	
	14 455 17	IMMEDIAL	E CAUSE (a)	-ary	- may	inasory a	I I EAT					
	ways or a second		DUE TO, O	R AS A CONSE	QUENCE OF							
	Conditions, if any		(6)						-	+		-
1	couse to station		DUE TO: O	R AS A CONSE	QUENCE OF					100		
100			(e)									_
7	PART 2. OTHER SIGN	NIEJCANT C	ONDITIONS C	ONTRING!	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	E OR CONDI	TION GIVE	N IN PART I	101	
0	Jan-	12 0	lena	Ma.								
2	IN DATE OF OPERA	TION	IN COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20n AUTO			WERE FIND	S OF DEATH?	
1		_			-		YES 🗀	NO.	YES		NO.	
CERTIFICATION	71st. ACCIDENT WAS UN	Control of the Control of the Control	The Control of the Control		DAY YEAR	TIK HOW INJURY OCCUR	RED (SMITTERNA	THE OF HUDST	THE STEEL ST. EA	ATTORPHED)		
A.	OR CONTEBUTING		HAR. SHEED CO.	M	19	35 - 5 - 32						
MEDICAL	714 INJURY OCCUR		21x PLACE	OF INJURY	T (100	211 LOCATION		CITY ON YOM		COUNTY	STATE	
Z	armos D Norm	tat 🗆	1 AT HOME 31	MEET, PACSONY, OFFI	CE, FARM, ETC.)	1960		THE OWNER			10000	
	270.1 certify that (I)		(al) ottendedtti	se decrosed tro	m de	18 10.86	10	hoost	11	0.57	that (I) (we) h	out
	saw the deceas	ed alive an,	duly	30th 1	40.75	nd that in (my) (our) opinion	death accurre	d on the dot	e and hour	and from the		
	oboxe, (I) (we) (ii 17h SIGNATURE	did (did not	view the body	ofter death.		DEGREE					E SIGNED	-
	376. 3750 1151 3154	. 1	11)		9.11	ATTENDING _	MEDICAL	STAFF		P.	11-27	
	an water or a very	7/4	//			PHYSICIAN)	DIRECTOR	PHYSICI/	AN	0 /	1/4/	_
	THE PHYSICIAN SAY	D /	Jan C	111	IIA	72e ADDRESS	0 00	0	10	11	N.	,
	11010 OF	Not	11-59NG	with 1	10.	503 N. K	aller	9 19	Bu	May	w. 1701.	
73s. 8	SURTAL PREMATION.	REMOVAL	23h DATE	2	It NAME OF C	EMETERY OR CREMATORY	234 LOCA	MION		- Commen	STATE	
BU	RIAL		8/14/8	37 F	Resthave	en Mem.Garden	7777	200,100,100,000	Fr	ederic	The second secon	
24 FU	JNERAL DIRECTOR	G DC		ים ממוו אירי			TË REC'DBY R					

DHMH-16 30M 2/80 (VRA-15, 4)

1621 Opossumtown Pike, Frederick, MD 21701

AUG 13 1931 Julia Deridon Landace

18-11-87 and the second of the second property of the Applicate was the application of the state o

cross after soften	F	EMALE	CAUC.	MONTH SAY	19 /8
Post Pos	70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAI	RRIED BALTIMORE CITY OR COUNTY O
by the for	E	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE MARYLAND GENER	RAL HOSPITAL	JTION 120, USUAL OCCUPATION (1966) FOR MORE FOR MOST OF WORKING 1966)
AND 212	m	RYLAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE STATE OF T	ORE YES N	O SH N. HOTOMA
mpletely odd 2 s	W	IARTIN	BART KOV	USKI HENR	IETTA MIDDLE
TIMORE be execu		VAS DECEASED EVER IN U.S. AR (ES, NOORUNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) Q17-07	14719 MR. V	SEPH BALLKIER
ST, BAI end-cote son pope removal resent, th		PART I DEATH WAS CALISE	ly ane cause per line far (a), (b), o D BY E CAUSE (a) <u>ASYSTOLE</u>	ind ices	
of w PHESTON of the Control of the control of the control of the control of the troumont.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	YOCARDIAL INFA	ARCTION, HYPOXIA
DRDS, 20 requires Then plant parts but to but	NOI	PREVIOUS MYC	CARDIAL INFARCA	TION, ADULT. ON	THE TERMINAL DISEASE OR CONDITION GIVEN
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHIC	H OPERATION WAS PERFORM	YES NO
A OF VIT	EDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART
NO PHY NO	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		CITY OF TOWN
ATTENDS ACTOR A CTOR A		220.1 certify that (IX (this hospi sow the deceosed olive on abave, (IX we) (did) (dix)	tol) attended the deceosed from August 23, 19, If view the bady after death		19 <u>87</u> , to <u>AUGUST 23</u> , 19 or) opinion deoth occurred on the date and haur a
TAL CR. y the log ville log of the log of the log of the Dept. I have Dept. If here		John J. 7	Nana MD	PH	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN
2 HOSPH based by D FUNEI book be with the Si		John F.		U D C/O MAI	RYLAND GENERAL HOSPITAL
= /s/s	23a F	URIAL CREMATION REMOVAL	23h DATE 231	NAME OF CEMETERY OR CRE	MATORY 1234 LOCATION

MIDDLE

Item 1 film g633 11-5-87

ANGELA

1 - STATE SB oer funeral home

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

BALAKIER

S DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENS REG. NO. 20 DATE OF DEATH MONTH AUGUST 23, 1987 9:58pm 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS OR COUNTY OF DEATH RE CITY TION 176 KIND OF BUSINESS OR INDUSTRY ZIP CODE MER IMM. HRS DINDITION GIVEN IN PARTIAC 206. IF YES, WERE PHYSIKES USED IN CERTIFYING CAUSES OF DEATH? YES [DURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 19 87 __ that X (we) lost date and haur and from the couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

ATTER CONTINUE TART ATTER ATTE

Carnella Control and the state of the control of th

Wilderson France 1835 Here of Language 184 Lines

621	20 410		FOR	630 8/18/87 ew DEPARTMEN	STATE OF MARYLAND M	ND ENTAL HYGIENE	224	6 3	
624	38 AUG 1		TATE EGISTRAR	MEDICALEXA	MINER'S CERTIFIC	CATE OF DEATH	REG. NO.	9 1	
			EASED NAME FIRST	MIDDLE	LAST		OF ESTI-	AONTH DAY YE	10000
	PLEASE ECTOR FILES HOURS	3 SE)	THEOD:		BALCEROWIC GE (IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c.	EATH MATED	8 9 19 8	AR 2d HOUR
	DIRECTOUR FOUND FOUND FOUND STATEMENT ON STA	MA	LE CRUC	MONTH DAY YEAR LAS	YRS. MONTHS DAYS	HOURS MIN PRO	NOUNCED DEAD	8 9 19 8	3:32 37
•	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 2 HOURS	Jo B	RTHPLACE (STATE OR RESEARCE COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NE	VER MARRIED 9. 8	Baltimore		MD
		TIV.	Baltimore	III. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A) Key Medical Cer	DDRESS)	TION 120 QUAL C	OCCUPATION (TYPE OF		BUSINESS
21201	SET SET			OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	SUV LIMITS? 13. SPREET	ADDRESS LA LA	R	11222
₽.	TH. II. 2, 2, 3, 0, 1, 2, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. F	THER'S NAME	MIDDLE PAINTS	15. MOTH	ER'S MAIDEN NAME	MIDDLE	DI I W LAST	July K.
BALTIMORE		16a V	/AS DECEASED EVER IN U.S. ARA 55, NO. OR MUKNOWN) (18 985, GIVEN	AED FORCES? 146. SOCIAL S	ECURITY NO. 17. INFOR	MANT	ADDRESS	JUL(Z)	V Sni
	MITH LAND		ND /	y ane couse per line for (o), (b), and	(0)	AMHOUY"	BRICERDW	11C2 APPROXIM	SAME MATE INTERVAL
ON ST.	PERM SIENE		PART I DEATH WAS CAUSED	BY: Malic	gnant glioma	YELLEY		SETWEENO	NSET AND DEATH
PREST	WITHIN 24 F ENCIL IN ITEA MINER ALON TRANSIT PER INTAL HYGIER OR REMOVAL	I	Conditions, if ony, which gove rise to immediate	(b)	JENCE OF				
201 W	EXECUTED WITHIN 2 ING" IN PENCIL IN I ICAL EXAMINER AL A BURIAL - TRANSIT A AND MENTAL HYC MATION, OR REMOV	1	couse (o) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF				
RECORDS, 201 W. PRESTON ST.	SHOULD BE EXECUTED DRD "FENDING" IN PROCEED EXAMOLES EXAMOLES EXAMOLES FOR HEALTH AND MEION OF THE MATTON, OF T	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH DUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1 to			
TAL RE	SHOULD ORD "PER ME USED A MEA HEA HEA HEA HEA HEA HEA HEA HEA HEA H	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED?		20 AUTOP	
DIVISION OF VITAL	HE WE WELL		21a EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY	OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18 PART	1 OR PART 2)	□ KON □
IVISION	CERTIFIC TING THE DED TO TO TO TO PROR	MEDICAL	CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (AT I	HOME, 211. LOCATION	CIT	ORTOWN	COUNTY	STATE
۵	AAR ATE		AT WORK AT WORK				I ∀ 1		
	BE FORESTITE THE STANDER		Λ	of the remains described above, he al couses X. Accident,	Suicide , Homi		0.0.0	ту ортноп	
	HCAL EXAMI ETHE CERTIFIE SHOULD BE ERAL DIRECT EATH, WITH TO DRE, MARYLE		ACTUAL SIGNATURE	why	M.D. Dept	uty Chief		DATE 8-1	L1-87
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIFECTOR: PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		EXAMINER'S NAME AND	M. Dixon, M.D.	ADDRESS_	111 Penn St	., Balto.,	MD 2120)1
07/84	BP	230.B	RIAL, CREMATION, REMOVAL 23	3.13.87 HOLU	RISARY (E)	DRY BAL	THARE	собулу	MD.
25M	DHMH - 17 (VR A15 ME (5))	KA	MERAL DIRECTOR L	LINE PATS HOME	FIRST A.	ALIG 1 1 198	STRAR 256. REGISTR	AR'S SIGNATURE	A)



FOR STATE REGISTRAR

1. DECEASED NAME

mal

TO BIRTHPLACE (STATE OF FOREIGN

3. SEX

AUG

injury, or other froumotic event,

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND	YLAND	ARYL	M	0F	ATE	ST
-------------------	-------	------	---	----	-----	----

5 DATE OF BIRTH MONTH

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

WARNER

ELIGAH

JINIE OF MARTEMAN			
EPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	1	DEC.
	1	- 6	REG.
LAST	20. D/	ATE OF	DEATH

1890

8

9 BALTIMORE CITY OR COUNTY OF DEATH

YRS

6 AGE TIN YEARS LAST BIRTHDAY)

COUNTRY CIALLO	S.A. WHATELE WIDOWE	NEVER MARRIED	BALTIMO		
10 CITY OR TOWN OF DEATH 11. NAM	AE OF HOSPITAL, NURSING HOME O		20 USUAL OCCUPATION	N 126. KIND OF B	USINESS OR
BALTIMORE 111	TIN SUCH FACILITY, GIVE STREET ADDRESS!	AL CENTER	CONCSHORE		
USUAL RESIDENCE (IF NURSING HOME OR OTHER INST	ITUTION GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?		ZIP CODE BACTO.	no.
MARYLAND	BALTIMORE	YES NO	1403 POP	LAR GROVE	21216
14 FATHER'S NAME FIRST MIDDLE	1241	15 MOTHER'S MAIDEN NAM	E MIDDLE	LAST	
JOHN	BALL	PATSY		WILCIA	MS
160 WAS DECEASED EVER IN U.S. ARMED FOR	ATES)	17 INFORMANT	ADDRE:	BALTO, MI	0,
YES WWI	217-01-3920	BARBARA D	ANCE 14		cove st.
18 CAUSE OF DEATH (Enter only one coup PART I DEATH WAS CAUSED BY	SHOCK			APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
IMMEDIATE CAUSE					
Conditions, if ony, which	TO, OR AS A CONSEQUENCE OF	MIL SHOCK	, CHF		
gove rise to immediate	TO, OR AS A CONSEQUENCE OF				
underlying couse last.	(c)	ASCVP			
PART 2 OTHER SIGNIFICANT CONDITIO					
RESPIRATORY			NEUMONI	A	
RESPIRATORY 190 DATE OF OPERATION 190. CCIDENT WAS UNDERLYING 216. 1	CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
	IME OF INJURY	21c HOW INJURY OCCURRE			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	UR A.M. MONTH DAY YEAR P.M. 19				
	PLACE OF INJURY OME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION	CITY OR TON	vn county	STATE
AT WORK NOT WHILE	OME STACE, FACTORY OFFICE FARM CICY	22 22			
220.1 certify that (I) (this hospital) ayes	7 07	- 4 198	_, to/		t (i) (we) lost
sow the deceased alive on obove, (1) (we) (did) (did not) view the	body ofter death.	id that in (my) (our) opinion de	oth occurred on the do	te and hour and from the cou	ses stated
22b. SIGNATURE	1 1	DEGREE ATTENDING	MEDICAL STAF	224. DATE SIC	
10000 1 1000	ng m	- PHYSICIAN	DIRECTOR PHYSIC		٥ /
BICH T DU	215	22e ADDRESS	MEDICAL	CENTER	
	ong			CONTIAC .	
230 BURIAL, CREMATION, REMOVAL 230 DA	10/1000	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
WALLES OF	0 // 7 / K N Er /	nemorial P	J	Mt ()	11.11
			REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGNATUR	
"NUTTER FUNERA 250/ GWYNNS FALLS	L Homes, IN	VC, 250. DATE		SE REGISTRAR'S SIGNATUR	hee'.

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

7 AUG	18 8	FOR STATE REGISTRAR	DEPART	MENT OF HE	CATE OF DEATH	IENE 2	465	
oge 3		E OR PRINT)	Jones	8,	arber	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
ursafter d	3 St	Malc	Black	5. DATE OF	PAY YEAR YEAR	6. AGE (IN YEARS LAST BIR	YRS.	
and 72 ho	11	IRTHPLACE ISLATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL NURSIN	WIDOWE	N.S. al	Batto 120 USUAL OCCUPATION	R COUNTY OF DEATH	ME
)	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ette St		F WORKING LIFE INDUSTR	OF BUSINESS OR
should be	130	STATE 136 COU ATHER'S NAME		VN	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	N FAYCTC	51
BK		WAS DECEASED EVER IN U.S. A	MIDDLE JONES RMED FORCES? 166 SOCIAL SECU	IRITY NO	Franci	MIDDLE	ss Wngh	AT Classel
ers. Page		(YES, NO OR UNKNOWN) (IF YES, GI	369-26-	1390	Robert Jon	/11011	E 155 5t	Ohic
physic npoper movol		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), or ED BY: (TE CAUSE (a)	lopel	nontry An	rest	BETWEE	Oximate interval N ONSET AND DEATH
by the attend toose consolic consolic consolic consolic contractions of contra		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	miev	congshie	CARdiany	opathy	
Then pled or to buriol	NOIL	History	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
te hos bee	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION		200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO _
certifico uriol-tror tentol Hy Item 18	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2}	
After this so the builth and M	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.)	FARM ETC)	211. LOCATION STREET	CITY OR TO	wn county	STATE
thed for use ept. of Hea them 21 is n		sow the deceased of well	view the body offer death.		that in (my) (our) opinion (deoth occurred on the do		that (1) (we) lo
0 00 4		COV	eArrey M		ATTENDING PHYSICIAN	MEDICAL STAF	F	2 3 3 3 4 2 5
should be det with the State	314	CHRISTOPHY	EX D. KEARN	EY	700 N	WH BIVD	BALTING	21230
		BURIAL CREMATION, REMOVAL	8 12 87 13c	Ccda:		Ba Wo	COUNTY	Mary
- 16 60M 7/84	Z4 F	UNERAL DIRECTOR	m of rooppess	2001	250. DAT	REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	Handalli

O 6 2 5 8 7 AUG 13 87

No File Company Company

001	2	20 000	1.	Item 8	3 Film	G630 8031	STAT		ARYLAND AND MENTAL	HYGIENE				
064	J	30 ser:		REGISTRAR TU	uneral	Home SME	ICAL EXAMIN		ERTIFICATE	- A - 4	REG NO	2 4	6 5	
		//.		CEASED NAME	FIRST		MIDDLE	l.	AST	20. DAT	E KNOWN-FT.		Y YEAR	26 HOUR
		S S S S E	(IN	PE OR PRINT)	Clare	ence Ale	exander	B	arksdale	Or	H MATED		5 19 87	
,		A COLOR	3 SE	X 4. RA		5. DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UND		ER 24 HRS. 2c. DA	VIE	MONTH DA		2d HOUR
1		DIRE OUR ON'S	1	Male B1	ack	11 13	1916 70 YR	1410111110	DAYS HOURS		UNCED AD	8 2	5 1987	8:37
		SESSAL AND		IRTHPLACE (STATE OF	?	76. CITIZEN OF WH	AT COUNTRY?	I. SEDA	D NEVER MA	RRIED 9. BALT	IMORE CITY OR			
		NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS.	1	irginia		U. S.	Α.	WIDOWE	D D DIVO	RCED Bal	ltimore (MD
		京本の音を入	10. 0	ITY OR TOWN OF DE	EATH		PITAL, NURSING HOME	OR OTHE	RINSTITUTION	FOR MOST OF V	CUPATION (TYPE OF	FWORK 12hG		ERS
		ACAMO C		Baltimore			ty Hospita			Paper 1			alty C	
	201	20 TO TO TO	113a. S	TATE	136 COUNT		13c. CITY OR TOWN	1	3d. INSIDE CITY LIMITS	13e. STREET ADE	_{DRESS} Baltin	more,	Maryla	and
	0.21	# A # A # A # A		faryland ATHER'S NAME			Baltimore			□ 1517 W.	Fayette	Stree	t 2122	23
	. ME	E-505	14.1	FIRST		WIDDLE	1AST		IS MOTHER'S MA	IDEN NAME	MIDDLE	0	LAST	
	VORE	248-24/C	16a	Robert WAS DECEASED EVE	R IN U.S. ARM	L. MED FORCES?	Barksdale	NO.	LUCY 7. INFORMANT	Mrs.	DADDRESS	Ur	awley	270
	BALTIMORE, MD. 2120	SES SES	(Yes, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	218-10-36			L. Davis	Bartimo 1656 Sh			
	. BA	S S S S S S S S S S S S S S S S S S S	-		ATH (Enter anl	y one cause per line))	MICHELIE	L. Davis	1070 31		APPROXIMATE	INTERVAL
	N ST	PERSE		PART I DEATH V	ALAC C ALICED	634	oke and soot	inha	alation			86	ETWEEN ONSET	ANO GEATH
	STO	NE 98 55	1	890	L		AS A CONSEQUENCE C							
	PRE	H 5 8 3 3		Conditions, if		(b)								
	W.	S Z S		cause (a) statin	ng the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE C	F						1301
	3, 20	ON PERSON	Ы		3,7	(c)		270						
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	AA BEE	7	PART 2 OTHER SIGNIFICA			UT NOT RELATED TO THE TERMI							
	SECO.	ULD BE EN PENDING FF MEDICAL AS AS AL, CREM	10	190 DATE OF OPER			erotic card			isease				
	IAL	SEE SEE	CERTIFICATION	THE DATE OF OPER	ATION	196. CONDII	ION FOR WHICH OPERA	ATION WA	S PERFORMED?			20	AUTOPSY?	
	FVII	T BE CHANGE	E	210 EXTERNAL CAL	USEWAS	216 TIME OF	INJURY	Tale Ho	W INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T 1 OR PART 2)	YES X	NO []
	ON	ERTIFICATE SHOULD ING THE WORD."PE ED TO THE CHIEF A SHOULD BE USED. PEPARTMENT OF HEA PRIOR TO BURIAL, C	1 .	UNDERLYING E	OR OF D		8 25 19 87	1	ouse fire			, , , , , , , , , , , , , , , , , , , ,		
	/ISIO	CERTIFING TO SEPAIN STANDED TO	MEDICAL	21d INJURY OCCU	RRED	21e PLACE O	FINJURY (AT HOME,	21f. LOC.	ATION					
	20	E, WRITIN EWARDED EWARDED EPAGE 3 S STATE DEP	¥	WHILE NO AT V	T WHILE	STREET, FACTO	ORY, FARM, ETC.)	151		ette St, I		COUNTY		MD
		THE STAND		22a I certify that	t I took charge	e of the remains desc	ribed abave, held an	Autopsy		tian . Inqui	ry and it	n my apinian		
			1	death resulted fra	m: Nature	ol causes	Accidenta X , Su	cide .	Homicide	. Undetermined	manner .			
d		CERTINO BULD BUREC		ACTUAL	MA	Nort-	Halle	1/1	TITLE (SPECIFY)			DATE	0/06/6	7
		ZHE WEEK	1	SIGNATURE	/		tour !	M.D	Assistar	MEDICAL EX	AMINER	SIGNED_	8/26/8	3 /
1		TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 'B BATTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	E N	Mario F Go	olle,Jr, M.I)A	DDRESS	lll Penn S	St. Balt	co.MD.		
		5X45A4	23o. E	URIAL, CREMATION,			23c. NAME OF CEM	ETERY OR	CREMATORY	23d LOCATION	1	COUNTY	514	ATE
07 25	/84	BP		Buri		3/31/1987	Garrison	Fore	st Vet. 1	Cem.		nore,		
25	M	DHMH - 17	24. F	WERFERECTPU	NERAL I	HOMES , ADD LING			250. DA1	U6 28 90	PAR 256 REGISTI	RARSSIGNA	THREIDE	_
		(VR A 15 ME (5))	125	01 Gwynns	Falls	Pkwy. Ba]	Ltimore, Md	. 212	16	IJ(1			3

AUG 2 B 1987

		r,	STATE OF	MARYLAND	Ujiti			
1.	FOR STATE	DEPART		H AND MENTAL HY	GIENE 8 7	2 2 4 6	7	
	PEGISTRAR			TE OF DEATH	REG. N	o	1	
	CEASED NAME FIRST	MIDDLE	D A A			MONTH DAY YEAR 26 HOU		
	SAMUE SAMUE	T.	BARN	IES	C	8 16 87 12.3	AM	
3. SE		1 RACE	5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER	24 HRS	
	Male	Black		1921	66	YRS		
	IRTHPLACE (STATE OR FOREIGN 7	Th CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	X	R COUNTY OF DEATH		
-	MD.	U.S.A.	WIDOWED	DIVORCED	Ball	imore clix	MD.	
10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		HER INSTITUTION	12a USUAL OCCUPATI		SSOR	
Ва	ltimore /	Bon Secure H			Farmer	Farm		
	AL RESIDENCE (IF NURSING HOME OR OF COUNTY STATE MD. 136 COUNTY ST. M		WN 13d. I	NSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 132/20621		
14 F	ATHER'S NAME	Barnes		Agnes	ME MIDDLE	Short		
	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Shelia I		Ft.Washington,		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b), o	nd Ic-	ICER SE		20744 APPROXIMATE INTER BETWEEN ONSET AND	DEATH	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A CONSEQU		CANCER	7 1	N		
	Conditions, if any, which	((b)						
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying cause last.	(6)	70.100					
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERA	AIN AL DISEASE OR CON	DITION GIVEN IN PART 110		
ON								
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WA	SPERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED		
TE					YES NO	IN CERTIFYING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	216	LOCATION	CITY OR TO	wn COUNTY S	TATE	
Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)	F'	a A			

190 DATE OF OPERATION 19b. COND 210. ACCIDENT WAS UNDERLYING 216 TIME C HOUR A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE (AT HOME ST NOT WHILE 220.1 certify that (1) (this houseful) attended the deceased from saw the deceased alive an obove, (1) (we) (did) (did not) view the body after death and that in (my) (dor) opinion death occurred on the date and hour and from the couses stated

TYPE OR PRINT

22e ADDRESS

ATTENDING PHYSICIAN

23a BURIAL, CREMATION, REMOVAL 236 DATE 8/22/87

Buria

226. SIGNATURE

24 FUNERAL DIRECTOR

AUG

deoth

abod

231. NAME OF CEMETERY OR CREMATORY

DEGREE

MP

23d LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

collinity 35479

DHMH - 16 60M 7/84

BP

(VRA 15. 4)

W.Clarke Mattingley

ADDRESS Leonardtown MD

Queen of Peace Cem Helen STM

0639	6.1 A	12:	FOR STATE		DEPART	MENT OF H	OF MARYLA EALTH AND A	MENTAL HYG	8 /	REG. NO	2 2	4	69
₀ м	(h)		CEASED NAME FIRST		MIDDLE	Bo	ske	+	2a. DATE OF DI		3 24	YEAR 87	26 HOUR 0645 A
ge 4 may be	0	3. SE)	semale.	BIGCK 5. DATI			DF BIRTH DAY YEAR O4 16		6. AGE (IN YEARS LAST BIRTHDAY) IF I			NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eorth Poge	0% hou	AC.	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore City or County OF			DEATH	M	
COLUMN OF DEATH COLUMN OF DEATH					HOSPITAL, NURSING HEACILITY, GIVE STREET		R OTHER INST	NOITUTION	120 USUAL OC (TYPE OF WORK FO	OR MOST OF	WORKING LIFE)		F BUSINESS OR
filled in	A Polina P	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN		Baltin	13d. INSIDE C	ITY LIMITS?	130.STREET AD		ZIP CODE	r21	217	
e within	300	J. FA	THER'S NAME FIRST	MIDDLE	Jeffers	on	/	FIRST OLS	ME	WIDDLE	,	LAS	
(3	Poges medicol		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES	215 -24-	7656	Jani	ie Bu	rrell	ADDRES 24	121 U	lestw	ood Ave
= 4	removol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY: 'E CAUSE (a)	0 11	dicin PU(No	Nary	arreg	;+			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	ose remove cork , cremation, or other traumotic		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, O	R AS A CONSEOU MAIGN R AS A CONSEOU	ent	Ascit	103					
0.	Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	ORCOND	ITION GIVEN	IN PART 10	
n. 0	ne prior	CERTIFICATI	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS	NO□	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
IG PHYSICIAN: The offending physicion for this certificate ho	riol-transit ental Hygie Item 18 sho	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	VIII	OF INJURY M. MONTH D M.	AY YEAR	21c. HOW IN	JURY OCCURE	ED (ENTER NATUR	RE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
DING PHYS or offerthis o	olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE ON THE OF WHILE OF AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC]	21f LOCATIO	N		CITY OR TOW	/N	COUNTY	STATE
R ATTENDIN hospital or RECTOR, A	for use of Healt		22a.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did no	8/2	3/87 19	87 .or	d that in (my)	(our) opinion (, to	-24- on the dot			that (I) (we) las causes stated
At O Al DI	detached ote Dept.		22 LISTONATURE CLUMP COLUMN COLUMN	ogers	MD			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICI		27c. DATE	SIGNED
	old be de		22d. PHYSICIAN'S NAME (TYPE C	R PRINCE			22e ADDRES	S			No.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 8/29/87

4300 Wabash Avenue

Md

Burial 24. FUNERAL DIRECTOR Wm. "C". March F/H

West

23d NAME OF CEMETERY OR CREMATORY
Mt Auburn Cemetery

23d LOCATION
CITY OR TOWN
Baltimore
Mo
DRESS
Wabash Avenue

23d LOCATION
CITY OR TOWN
COUNTY
BALTIMORE
AUG 26 1337

06379

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE/
CERTIFICATE OF DEATH

2 4 7 0

		STATE REGISTRAR	25		CERTIF	ICATE OF DI	ATH O	REG. I				4
7	6.4	PRINT) May	5.	MIDDLE	130	iter		26 DATE OF DEATH	8	ZO	YEAR SZ7	ZIST A
	3. SEX	F	4. RACE	2	5. DATE (YEAR 20	6. AGE (IN YEARS LAST E	iRTHDAY) YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
	D .	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER M.	ARRIED D	9 BALTIMORE CITY CITY	_	-		on 6 ME
		BALT	(IF NOT IN SUC	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LOSP 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK TYPE OF WORK FOR MOST OF WORK TO WORK FOR MOST OF WORK FOR MOST OF WORK TO WORK FOR MOST OF WORK FOR MOST OF WORK TO WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK TO WORK FOR MOST OF WORK FOR						126 KIND OF BUSINESS OR INDUSTRY		
	13a. S	MD BH	TY	13c CITY OR TOV	WN		NO 🗆		/ ZIP CC		।।। १३	AVE
	F1	THER'S NAME FIRST OOB VAS DECEASED EVER IN U.S. AR	MED FORCES?	LAST	2357 URITY NO	15 MOTHER'S	rst Ja	MIDDLE	RESS	// N	EAS	2/2/3
			E WAR OR DATES)	005000		INON		res 2633	Asge	NYH	34	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY E CAUSE (a)		arde	àc a	crest			-	BETWEEN	MATE INTERVAL ONSET AND DEATH
	NOI	Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)_		DEATH BUT		O THE TERM) NINAL DISEASE OR CO	NOITION (GIVEN IN	PARI 10	ō
	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF IN CER	YES, WERE	E FINDIN CAUSES	NGS USED OF DEATH?
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	DAY YEAR			RED (ENTER NATURE OF IN	IURY IN ITEM	18 PAR1 1 O	R PART 2)	
	MED	WHILE OCCURRED WHILE OF WORK ORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION	V	CITY OR		Cf	OUNTY	STATE
	1	22a.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did re	81	20 19	87.0	nd that in (my) (, 19 our) opinion	death accurred on the	date and h	_, 19_ <u>&</u>	from the	that (I) (we) lost causes stated
		27h SIGNATURE LA		PI	TENDING TYSICIAN		AFF ICIAN	2	8 S	SIGNED 87		
		5. A. L	AZARO			S (WI		Mosp.				
	(URIAL, CREMATION, REMOVAL	5/my	180	my 1	CO /VAN		23d LOCATION	mer	w/ "m	30	123
	7	NERAL DIRECTOR 2/ NAME JALL POR	langer o	13 5 ADDRESS	7:/20	er At	AU6	X-4-190F"	MAN.8= 9	Sidenkia	MORPH	ulazdo

DHMH - 16 60M 7/84

(VRA 15, 4)

PRESTON ST

1 - STATE

STATE OF MARYLAND

DEPAK	IMENI	OF HEALI	H AND MENTAL HYGIENE	
AEDICAL	EXAM	AINER'S	CERTIFICATE OF BEATH	

	REG	NO	2	41	7	
OF	KNOWN ESTI-	X	MONTH	DAY	YEAR	2b H
	MATED		**8/	19/	9 87	

(1)	E OR PRINT)	F rwsi		WIDDLE	LASI		20 DATE KNO	HINOM X NWC	DAY YEAR 126 HOL
		George	tte	E.	Batsis		DEATH MA	ATED = *8/	19/19 87
5E	X	4 RACE	DATE OF BIRTH	6. AGE (IN Y	EARS IF UNDER 1			MONTH	DAY YEAR 24 HOL
	F	W	11/15/99		RS.	S HOURS	PRONOUNCE DEAD	8/	19/19 87 P:3
	OREIGN COUNTRY)	TATE OR	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MARRI	IED 9 BALTIMOR	ECITY OR COUNT	Y OF DEATH
E	France		US	SA	WIDOWED	DIVORCI		timore Ci	ty,
0 C	ITY OR TOWN			PITAL, NURSING HOM		ITUTION	120 USUAL OCCUPAT		OR INDUSTRY
	Baltim	ore	3501 St.	Paul St.	# 110	12	Beauty O		
	AL RESIDENCE	(IF IN NURSING HOME OR		RESIDENCE BEFORE ADMISS	ion)	IOE CITY LIMITS?	130 STREET ADDRESS	oct u ooti	Shop
30 0	MD	138. COOI411		Balto.	YES-	_	3501 St.	Paul St	
4 F	ATHER'S NAME					THER'S MAIDE	NNAME		
T	Pierre		Dequir	LAST		Marie	WIDDI	Thiber	LAST
60.	WAS DECEASE	DEVER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECURI	TY NO. 17 INF	ORMANT		DDRESS	. 0
()	YES, NO, OR UNKNO	(IF YES, GIVE W.	AR OR DATES)	351 07 6	6664 Pi	owro .	E Down	Dalla	MD
	and the later of t	F DEATH (Enter only	one cours per line (0004 1 P1	erre	E. Berry,	Balto.	MD APPROXIMATE INTERVAL
	PARTIDE	ATH WAS CAUSED	BY: A		rotic Car	rdi ovas	cular Disea	99	BETWEEN ONSET AND DEAT
	The state of	IMMEDIATE	CAUSE (0)	AS A CONSEQUENCE		. allovab	Odial Dibea	50	
	Canditio	ns, if any, which	DOE TO, OR A	43 A CONSEQUENCE	OF				
	gove ri	se ta immediate	(b)						
	lying cou	stating the <u>under-</u> use lost.	DUE TO, OR A	AS A CONSEQUENCE	OF				
	-		(c)						
-	PART 2 OTHER 51	GNIFICANT CONDITIONS CO	NTRIRUTING TO DEATH RE	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONC	ITION GIVEN IN PAI	RT 1 (0		
CERTIFICATION									
CA	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION WAS PERI	ORMED?			20 AUTOPSY?
ET.		== -7.11 -2							YES NO X
	210 EXTERNA	AL CAUSE WAS	11b. TIME OF I	INJURY MONTH DAY YEA	21c HOW INJ	JRY OCCURRE	D LENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART	1 2)
CAL		NG CAUSE OF DE		19					
MEDICAL	21d INJURY C	OCCURRED		FINJURY (ATHOME,	21 LOCATION				
ž	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY STATE
				NO WAY THE THE			haura X	1	
	1	0	(V)	above, held an	Autopsy	, Inspection	· · · · · · · · · · · · · · · · · · ·	, ond in my opi	nion
	death result	ed from Natural	THE PARTY OF	agomi L	High III	amicide	Undetermined manne	r	
	ACTUAL	A Voins	, VIX	hunher	MAIN	sistant	-	DATE	8/20/87
	SIGNATURE,	ceccu	~	in hall	PARK OLDE	SIStair	MEDICAL EXAMINE	R SIGNED	0/20/0/
	EXAMINER'S	NAME DOT	nnie F S	myth, M.D.		111	Penn St.,	Palto M	M 21201
2 -	(TYPE OR PRI				ADDRES			barco., M	M. 21201
	SPECIFY)	TION, REMOVAL 236			METERY OR CREM	ATORY	23d LOCATION CITY OR TOWN	COUNT	
	Crama.	tion	0/20/07	0	16		Pa1+0		MD

07/84 25M

DHMH - 17 (VR A15 ME (5))

PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNREAL DIRECTOR, PAGE 3 SHOULD BE U AFTER DEATH WITH THE STATE DEPARMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUR

24 FUNERAL DIRECTOR

H.W. Jenkins, 21212

Balto.,

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ANIC 21 2007 Julia Bridge Reduce

AUG 21 1987 Julia pinian Bulan

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

063733

Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	12	7	1)
DEG NO	6	and a		dies
DEC NO	0 3			

Alla	1 - STATE 26 PROSTRAR			DEPARTA		CATE OF DEATH	SIENE	2 2 REG. NO.	47	2
100	DECEASED NAME	FIRST		MIDDLE	LA	ST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
1	THE CHANGE	Marc	el	Joseph		Bawroski	Aug	ust 20,	1987	12:15
1	1 SEXT	4.	RACE		5 DATE O		& AGE INY	EARS LAST BIRTHDAY)	MONTHS DAYS	
21	Male		White	9	MONTH	/12/13 YEAR	73		RS	HOURS MIN
4	BIRTHPLACE (STATEO	land	CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED		timore	City	MD
0	Baltimore			HOSPITAL, NURSIN THE FACILITY, GIVE STREET, Penning	ADDRESS)	rother institution Avenue		Steel	INDUSTRY WOOLE KO	of Business or
3	USUAL RESIDENCE (# NU 130 STATE Maryland	136 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	N 1	13d INSIDE CITY LIMITS? YES X NO		ADDRESS / ZIP (code ington A	21226 ve.,
7	Thomas	MI	DDLE	Bawros	ski	15 MOTHER'S MAIDEN NA Agatha	ME	WIDDIE		AST
7	160 WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT WIT	îe	ADDRESS		
	no	(# 123, 0112)	WAR OR DATES)	214-03-	2101	Rose Bawro	ski	Same a	11	XIMATE INTERVAL NONSET AND DEATH
7	Conditions, if on gove rise to it couse (b), sto underlying course (b), sto underlying course (b), sto underlying course (c), sto underlying	nmediate ling the se last GNIFICANT CC	DUE TO, CO		ence of RMSI DEATH BUT	NOT RELATED TO THE TERM	20a AUTC	DPSY? 20b.	N GIVEN IN PART I IF YES, WERE FIND CERTIFYING C AUSE YES	INGS USED
	OR CONTRIBUTION		21b. TIME O	OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES	TURE OF INJURY IN ITE		NO []
	S (IF EITHER NOTIFY ME	DICAL EXAMINER)	P	.м.	19					
	21d. INJURY OCCU		(AT HOME ST	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that sow the dece above, (1) (we 22b. SIGNATURE	the same of the sa	6	19		d that in (my) (our) opinion			d hour and from th	E SIGNED
	224 PHYSICIAN'S		6220	WD		ATTENDING PHYSICIAN 2 22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	8/2	21/1987
	Dr. St	e Tho	mpson	. M.D.		3819 Potes	st.,	Balto	., Md. 2	21225
	230 BURIAL, CREMATION (SPECIFY) BUT	, REMOVAL	23b. DATE 8/24	123c h	dar I	EMETERY OR CREMATORY Hill Cemete	234 LOCA	ATION		Md STATE
	24 FUNERAL DIRECTOR		237 E	. Pataps	CO A	V'e 25a. DA1	TE REC'D. BY R	EGISTRAR 256 RE	EGISTRAR'S SIGNA	
	McCully Fu	meral	Home	s Balto.	. Md	.21225 Alig	2.5	18/ Ala	Dandery - K	and add

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

medicol exami

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAR HYGIENE CERTIFICATE OF DEATH

1	I. DEC	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOU!	R
1	TYPE	CHARLE	5 HAROUD	R	AVANE		00 31	27	1:30	1
1	3 SEX	91.1.	I RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF U	NDER I YEAR	IF UNDER	24 HR5
1		MALE	WHITE	MONTH D2	DAY YEAR	.5/	YRS	THS DAYS	HOURS	MIN.
1	70 BIF	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	1		9 BALTIMORE CITY C		DEATH		
	C	HARYMAND	USA	WIDOWE	D NEVER MARRIED A	BAWT	TIMAR		City	MD.
	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	F BUSINE	SSOR
	B	ALTIMORE	S. BALTIHOR	E G1.	EN, HOSP,	CNEHPLO	YED	机影為是	A CAN	1 Wet
e	USUA 13a. S		THER INSTITUTION, GIVE RESIDENCE BEFOR		4.13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	2123	30	
1		HD BHA		HORE	YES NO	114 W. Os	tend	81.	Balt	o.Mc
	14. FA	THER'S NAME	HODLE O LAST &		IS MOTHER'S MAIDEN NA	ME) IAST		10
)		TOSETH P	arks BAYA)E	MABEL	M. RIC	3Kt by	6		
			MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI		11.1	~	200
d		YES UN	214-24-	3621	HOSPITAL KE	cords 3	001 317	HANG	DVEK	->1,
			y one cause per line far (a), (b), an	dicil	0 -10.	0 -		APPROXIA BETWEEN O	MATE INTERV	DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) RESPIS	KATE	ORY FAIWL	IKE	- 1	7	PAX	5
			DUE TO, OR AS A CONSEQU	ENCE OF	2	6 6				
1		Conditions, it any, which	((b)	+	ULHONAKY	EMBOL	135			
4		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF	4-00	. 0				
1		underlying cause last	(1)	CE	REBROVASO	CULAR AC	CIDEN	1		
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART Tra		
	0	EXES	SIVE ALCU	DHO!	h ABUSE I	HISTORY				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI	G CAUSES	GS USED OF DEAT	H?
Ц	RTIF					YES NO	YES [NO X	
)		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	PF IN ITEM 18 PART I	OR PART 2)		
-	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						100
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC 1	211 LOCATION STREET	PHY OR TO	WN	COUNTY	ST	TATE
	<	AT WORK AT WORK								
		220.1 certify that (1) (this hospit	al) attended the deceased from_	22 4	11. 9451, 1987	_, ta 3/ AUG	457, 19	fa .	that (I) (w	
		saw the deceased olive on obove, (I) (we) (did) (did not	view the body after death.	987. ar	nd that in (my) (our) opinion (death occurred an the d	ate and hour on	d from the c	ouses sta	ted
		22b. SIGNATURE	10 -		DEGREE			22c. DATE S	SIGNED	
		< VIXI		6	ATTENDING PHYSICIAN	MEDICAL STA		8/3/	187	
		22d. PHYSIC IA-L'A LIAMILITATE	Garage Co.		22e. ADDRESS				1	
		V	A.h. KLEIN	1	3001 S. HA	NOVERS	I. BAL	TIMI	OKE	0
		SPECIEY) TO	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	27.0	DUNTY	4.9	ATE
	(Burial	9/3/1987 Me	adow	ridge Mem.P			. 1	Md.	7.16
		INERAL DIRECTOR Balt	9. Md . 2123 Quress			E REC'D. BY REGISTRAR		SSIGNAT	JRE	_
	MC	ccully Funera	I Home 130 PER	Fort	ATTO ISEP	1 1087	T.	1 0.	1	

E 7 7 3 3 47 3

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
TRAR	CERTIFICATE OF DEATH

2 47-4

	1 -	STATE REGISTRAR	ı	DEPAKI		FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST		WIDDLE		LAST		DAY YEAR 26 HOUR
be be		RANDALL			BEAVE		ATTOTION F 100	8;25A A
6 2 0 D 7 AUG -8	87	(4 RACE		S. DATE	OF BIRTH	AUGUST 5 198	IF UNDER 1 YEAR IF UNDER 24 HRS.
ctor.		ale	White		MONT	2/30/44 YEAR	42 YRS.	MONTHS DAYS HOURS MIN.
Pog and	7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	1		9 BALTIMORE CITY OR COUNTY	OF DEATH
of h.		ennessee	USA		WIDOW	ED NEVER MARRIED DIVORCED		M
p b to the p		TY OR TOWN OF DEATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	BALTIMORE CITY 120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
of the of	BA	LTIMORE		TOUNG UO		HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
in b	USU	AL RESIDENCE (IF NURSING HOME C	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION			
AND 24 h	Ma	ryland	9/10	Baltimo		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 706 S. Marlyn	Ave, 21221
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of strong and earnpletely filled in by oppers. Page 1 and 2 shalld be file filled in the medical exemine must be optation.	14. FA	THER'S NAME FIRST Paris Be	MODIE	LAST		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE Beaver	LAST
a G	160 V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECT	URITY NO.	17. INFORMANT	ADDRESS	
IMOR n and Pagedic	0	res, no or unknown) (IF Yes, G	IVE WAR OR DATES)	214-44	-0730	Lorrana Be	eaver 706 S. Marl	yn Ave.
MALT The Posts		18 CAUSE OF DEATH (Enter of	inly one couse per	line for (a), (b), a	nd (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	BRAIN HEI	RNIATI	ON		2 DAYS
NO E SO			DUE TO, O	BRATAME	ENCE OF	7.7.0		
e otter move notion		Conditions, if ony, which	((b)	BRAIN ME	TASTAS	518		1 YEAR
hot the de by the ot ose removi		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	ADENOUS:	FIC CA	OF NASOPHARY	NX	4 YEARS
DS, 201	2	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
I RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
G PHYSICIAN: The strending physicion of this certificate by the build transit and Mental Hygie ked or fem 18 short of the build transit ond Mental Hygie ked or fem 18 short of the build transit ond Mental Hygie ked or fem 18 short of the build transit ond Mental Hygie ked or fem 18 short of the build transit of the build t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IS PA	ART T OR PART 2)
DIVISION DING PHYS or ottendin After this e e os the bu olth ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
(TTENDI (Spital or STOR A for use of Heal		270. certify that (1) (this hasp sow the deceased alive a above (h(ve) (did) (did a	AMGUS'	T 5. 19		nd that in (my) (our) opinion of	death occurred on the date and hour	9.87 , that (I) (we) lost and from the couses stated
TAL OR A Y the hoss RAL DIREC detoched ore Dept. VI. If Item		CHATCH GS	offen		M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/5/87
TO HOSPITAL Cretoined by the TO FUNERAL Estandard be detoo with the Store IMPORTANT. If		22d PHYSICIAN THAME (TYPE MARY G. BOLTON	OR FRINTI			600 N. WOL	FE ST. BALTO.,MB	21205
7 5 7 2 3 3	23a B	URIAL, CREMATION, REMOVA	L 236. DATE	23α.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY
BP		remation	8/6/8	7 W	estvi	ew Crematory	Cationsville,	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		NERAL DIRECTOR NAME harles A. Rice	ECDA 13	ADDRESS	D1	AUG	E REC'D. BY REGISTRAR 716, REGISTE	ANS SIGN DURI

AUG O G

064

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1	2	2	28	7	
13	REG. NO.	Ricap	Com	1	1	-

-		FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI IFICATE OF DEATH	ENE 8	22415
3	1 SEX	PEASED NAME FIRST GRACE	ACE S. DATE	OI DIMITI	20 DATE OF DEATH	
2	10 00	MHPLACE (STATE OF FOREIGN 76. COUNTRY) TY OR TOWN OF DEATH 11.	CITIZEN OF WHAT COUNTRY? I MARR WIDOV NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).	13 23 IED NEVER MARRIED VED DIVORCED	BALTIM 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	YRS MONTHS DAYS HOURS MIN. RCOUNTY OF DEATH ON 126 KIND OF BUSINESS OR F WORKING LIFE] INDUSTRY
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR OTHER	Seldurs Seldurs Give residence before admission 13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	HOMEMI	AKER
1	6	ATHER'S NAME FIRST AND VAS DECEASED EVER IN U.S. ARMED	BLACKWELL	15. MOTHER'S MAIDEN NAM	MIDDLE	Jones SPALTIMORE, MD, 21217
	ťχ	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	AUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	storma liver & a Metastas	SEDFORO, S ch with h don'the	PR. ZOOS N. PULASKI APPROXIMATE INTERVAL BETIMEEN ONSELAND DEATH
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	19b. CONDITION FOR WHICH OPERAT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15	ION WAS PERFORMED 216 HOW INJURY OCCURRI	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
The state of the s	MEDI	21d INJURY OCCURRED WHIE NOT WHIE ST WORK 22e.1 certify that (1) (this haspital) saw the deceased alive on above, (1) (we) (did) (did nat) vi 22b. SIGNATURE ###################################	ew the body after death. 19 47.	DEGREE ATTENDING	CITY OR TO	to and hour and from the causes stated 22c DATE SIGNED STAN S
		BURIAL, CREMATION, REMOVAL 2		CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE

TO FUNERAL DIRECTOR

MPORTANT. #

DHMH - 16 60M 7/84 (VRA 15, 4)

BALTIMORE, MO.

21 FNORTHER FUNETIAL HOMES, INC. 250 DATE RECORD REGISTRARY SIGNATURE 250 GWYNNS FALLS RKWY, DBALTO, MO, ZIZIC AUG 28 1881 PROPERTY OF THE PRO

A Table of a victorial land

THE SE OUR WALLES OF THE PARTY OF THE PARTY

064625 SEP -

STATE OF MARYLAND

FOR STATE			DEPARTM		EALTH AND MENTAL HY	GIENE 2	2 4	, 0	
2 RTREGISTRAR				4411111		REG. NO			
TYPE OR PRINT	FIRST	MIDDIE		L	AST	28 DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
(Contract)	Cecil	C.		В	ELCHER	August 25	, 198	37	8:30 AM
3 SEX	4. RA	ACE		5. DATE O		6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	
MALE	(aucasi	m	06/	14/28	59	YRS.	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STA	TE OR FOREIGN 76. C	ITIZEN OF WHA	COUNTRY?	8	1/2	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Virgin	nia .	115.4		WIDOWE	DIVORCED	BALTIMORE	CTTV		MD.
10 CITY OR TOWN O		NAME OF HOSP	ITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATI	ON		OF BUSINESS OR
D 1	.61	(IF NOT IN SUCH FACE				Tool			afacturin
Baltimore					ion Medical (Chtr. Tool	maker	Plant	Hacturin
130. STATE	136 COUNTY		CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	E	. /
Maryland	Harf	ord S	treet		YES NO XX	3214 Old F	orge	Hill Ro	pad / 211
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA		100		
Absalon	MIDDL		Belche	r	Amanda	WIDDLE		Gree	
160 WAS DECEASED			SOCIAL SECUE		17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOW		OR DATES)	7 20 9		E. Jean Belo	cher 3214 01	d For	ge Hill	eet, MD L Road
18 CAUSE OF I	DEATH (Enter only on		ar (a), {b), and	tci.i				APPRO) BETWEEN	ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CA	/	dian	10 00	nary arres	+			
					K	Description of the			
e to u		DUE TO, OR AS			with Brus	- 1M a a - 1/ 1		8	
Conditions, if gave rise to		(b)	une C	emcea	With Diar	Triesa Tasa	4	111	unque;
cause (a),	stating the	DUE TO, OR AS						670	years
						moking		1 100	Dr. Comment
	SIGNIFICANT CON	DITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS OR CON	DITION GI	VEN IN PART I	O
6									
4 198 DATE OF O	PERATION	196. CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
Ē						YES NO NO		FYING CAUSE:	NO T
NO DATE OF OIL	AS UNDERLYING	21b. TIME OF INJ	URY		21c. HOW INJURY OCCUI				
	CAUSE OF DEATH	HOUR A.M.	MONTH DA	Y YEAR					
(IF EITHER NOTIF	Y MEDICAL EXAMINER)	P.M.		19			5/1/		
21d. INJURY OC	CURRED	21e PLACE OF IN	IJURY	DAA ETC \	211 LOCATION	CITY OR TO	WN	COUNTY	STATE

NOT WHILE

M.D.

220.1 certify that (1) (this haspital) attended the deceased from August saw the deceased alive on above, (1) (we) did (did August and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL STAFF

22e ADDRESS

3900 Loch Raven Blvd., Balto., MD 21218

238. BURIAL, CREMATION, REMOVAL 236. DATE 8/28/87 Burial

Jeff WILLIAMSON,

23c NAME OF CEMETERY OR CREMATORY Slate Ridge Cemetery

Peach Bottom Twp., York, PA

24 FUNERAL DIRECTOR

Harkins Funeral Home, Inc. 600 Main St. Delta,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

marked or Hem 18

MPORTANT: If Hem 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E * 19	. 1	REGISTRAR		ME	DICALI	EXAMINE	ER'S CE	RTIFIC	CATEO	F DEAT	H / R	EG NO	4 ~	1/	
67 AUG		FRINT)	FIRST		MIDDLE		LA.	st		20	DATE KNO	WN XI A	MONTH DAY	YEAR 75 HOU	R
2000		*	JOHN		D	BEI	T)			1.05	OF EST	ED O	3-23-87	19	N
유보금뿐	SEX	4.	RACE	5. DATE OF BIRTH	Λ.	6. AGE IN YEAR	RS IF UND		IF UNDER 2		DATE		NONTH DAY	YEAR 28 HOU	R
222 223	-	Male N	White	MONTH DAY	61	26 YRS		DAYS	HOURS	MIN PR	DEAD	8	3-23-87	19 4:301	5
2	BI	THPLACE (STAT		76 CITIZEN OF W				D NIEV	ER MARRIE	× 9.	BALTIMORE	CITY OR C	OUNTY OF E	DEATH	
19	1000	ennsyl	rania	11	SA		WIDOWE		DIVORCE		Balti	more	City	M	D
7	10-61	Y OR TOWN OF	F DEATH	11 NAME OF HOS	PITAL NUI	RSING HOME.	OR OTHER	RINSTITUT	ION				WORK 126 KI	ND OF BUSINESS	_
d	,	Baltimor	ce	Univer	Sity GME 51	Hospita	al ST	U	150		ice D		Mar	riott	
岩	U UA		IN NURSING HOME OR	OTHER INSTITUTION, GI		OR TOWN	N)	3d INSIDE CIT		13e STREET	4-1-1				Ī
7	1	Md.	Carr			mpstea		YES 3				ain	St. 2:	1074	
Į,	FA	THER'S NAME		MIDDLE		LACT	1	S. MOTHE	R'S MAIDEN	NAME	MIDDLE			LAST	
£	V	A.	L	vlle	В	elt, J	r.	Ma	a V		14110-000			ull	
Ö		AS DECEASED I	EVER IN U.S. ARM	ED FORCES?		CIAL SECURITY		7 INFORM			AC	DDRESS			ĺ
H	2	n O	(IF YES, GIVE W	VAR OR DATES	216	-80-23	349	Mr.	A. I	vlle	Belt	. Jr	Ha	mps tead	
ı			DEATH (Enter only	y one couse per line									Al	PPROXIMATE INTERVAL	=
	1		TH WAS CAUSED			not wour	nd of	head	1				BETT	WEEN UNSET AND DEAT	7
			IMMEDIATI	(- /	AS A CON	SEQUENCE O)F							7350	
			, if ony, which	0.5											
		couse (o) st	to immediate toting the under-	DUE TO, OR	AS A CON	SEQUENCE O	F		-	155					-
		lying couse	lost.	(6)											
		PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	SUT NOT RELA	TEO TO THE TERMI	NAL DISEASE C	R CONDITION	GIVEN IN PART	T 1Hail					
	NO														
	CERTIFICATION	190 DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPERA	ATION WA	S PERFOR/	MED?		. 100		79-4	EAD SYONLY)	Ī
	TIFIC													YES NO	
	CER	21a EXTERNAL	erwo	216. TIME OF		DAY YEAD	21c HO				URE OF INJURY IN	ITEM 18 PART	T 1 OR PART 2)	HILLELIN	Ī
	3	UNDERLYING CONTRIBUTING	G CAUSE OF D	EATH 8:43E	M 8-2	21-87 ZEAR	sel	f/inf	flicte	ed					
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE			211 LOC				TITY OR TOWN.	1100	- COUNTY	_ 22.25	Ī
	¥	WHILE AT WORK	NOT WHILE D	k parki	ng Ic	E (REAR) 312	5 Chu	irch S	street	C. C.	[arro]	11 Co.,	Marylänk	£
				of the remains de	(HE	AD ONI Y	7) Autonou	X	Inspection		Inquiry .	and in	n my opinion		
		death resulted	A STATE OF THE PARTY OF THE PAR	of course.	1		X	Homici			nined monner		тту ортпоп		
		death resulted	1	NX	1	101	1	1	PECIFY)	onderern	mneg monner				
		ACTUAL	Verne	er A	me	1 MHG	UN	2	-	MEDIC	AL EXAMINER		DATE SIGNED8-2	1-97	
7	1	and an inter		00	//		- TO WELL	ASSI	Stant	WEDIC	AL EXAMINER		SIGNELD.	4-0/	
6		EXAMINER'S N	AME Denn	is F. Smy	the N	1.D.	A	DDRESS	111	Penn	Street				
	23a.Bl		ON, REMOVAL 23	lb. DATE	23c. h	NAME OF CEM			ORY	23d LOC/	ATION		COUNTY	CTAPE	
	B	urial		8-26-87	Ev	ergree	en Me	em . Ga	arden	s Fi	nksbu	rg	Carro	ll Md.	
	24. FL	INERAL DIRECT	OR						250 DATE R	EC'D. BY RE	GISTRAR 25	B REGISTE	CARIS SIGNA	URE	
	E	line Fi	meral	Home . H.	amns	t.ead.	БМ		"ALIC"	25 10	187	wie di	Chrom Land		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22473

2	87	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.1.8	3 1		
1	1. DEC	CEASED NAME FIRST	A	AIDDLE	l.	AST		MONTH DAY	YEAR	26 HOUR	
1	(ITPE	ANNA			BENI	DER	AUGUST	17, 1987		2P	M
1	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24	
١	f	EMALE	CAUCAS	IAN	FLB.	. 25 PAY 1896AR	91	YRS	IS BATS	HOURS	MIN
Ż		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH		
	Ř	RUSSIA	U	S.A.	WIDOWE	DIVORCED DIVORCED	BALTIMO	RE CITY			MD.
	10. CI	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12		F BUSINESS	
2		BALTIMORE	2500 W	. BELVEDI	ERE AV	VE., APT. 202	HOUSEVIF	E WORKING (IFE) IN	AT A	HOLIE	
d	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF				A LOUIS OF CHINA LINE AND A	L. STREET ADDRESS	710 CODE	(21)	215)	
		ARLYAND 136 COU		BALTIMO	E	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2500 W. B	ÉLVEDERE	AVE	.,APT.	. 20
1	I4 FA	THER'S NAME				15. MOTHER'S MAIDEN NA				- V	
		JACOB	WIDDLE	. PTNCUS	S	EST.	THER	UNK	NOM!	Τ,	
		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS			
	{∀	ES, NO ORUNKNO WA) (IF YES GI	VE WAR OR DATES)	216-32-9	9742	BURNETT BEI	IDER 4212 F.	ALLSTAFF	RD.	(2123	15)
		18. CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (b), and	dice				APPROX	MATE INTERVA	AL
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	ADENC	CAR	CINOMA OI	E COLOX		5	Year	25
		IMMEDIA		R AS A CONSEQUE						C	
		Conditions, if any, which	(b)	R AS A CONSECUE	INCE OF						
		gave rise to immediate cause (a), stating the)	R AS A CONSEQUE	NICE OF	IEDE I-					
		underlying couse lost.	100 10,01	. AS A CONSEQUE	INCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IT	V PART 10	0	
	N O			F. 19							
	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2	206. IF YES, WE			2
0	CERTIFICATION						YES NO	YES [NO [
	CER	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19	Date 5 %					
	MEDICAL	21d. INJURY OCCURRED	210 PLACE	OF INJURY	A DAA SIC)	21f LOCATION	CITY OR TO)wN (COUNTY	STA	te
	2	WHILE NOT WHILE AT WORK	(ALHOME SIR	EET PACTORY OFFRE, F.	ARM EIC J	3					
		22a I certify that (1) this hosp	ital) attended th	e desposed from_	D2	-C 19.85		, 19_	87_	tha (II) we	e) last
		saw the deceased alone or above, (1) (we) (deceased alone	or view the bothy	ister death.	, or	nd that in (my) (our) opinion	death occurred on the d	ote and hour and	I from the	couses state	ed
		226. SIGNATURE	1 1		0	DEGREE		1	220 DATE	SIGNED	
		May	140	elu	-11	ATTENDING PHYSICIAN	MEDICAL STA		8/1	8/87	7
			OR PRINT)		-	72e ADDRESS	1	110	4:		-
		HARRY A.	WAL	EN M	D	4000 014	COURT	154 Su	105	クスル	108

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital

BP.

IMPORTANT; If them 21 is marked ar them 18 shows any injury, ar ather traumatic event, the should be detached far use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

8/18/87

236 DATE

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

23c NAME OF CEMETERY OR CREMATORY
MONTEFIORE CEMETERY

234 LOCATION PHIERDEEPHIA

COUNTY

PASTATE.

REGISTRAR 256 RECHARAS SIGNATURE

or deligible

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

REG. NO.	2	dari	7	9
REG. NO.	- 13			0

	SEASED NAME FIRST	R.	Bende	r r	26. DATE OF DEATH 8-15-1987	MONTH > 4 DAY YEAR	26 HOUR 18:00		
3. SE	× Female	4. RACE White	5. DATE (S-1895 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DATE	AR IF UNDER 24 HR		
·	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIE		Balto. City				
	Balto.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	re Ave.	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake)	F WORKING LIFE) INDUSTI	O OF BUSINESS C		
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c CITY O	OR TOWN	13d. INSIDE CITY LIMITS? YES MO		zip CODE	21214		
	Charles	Reid		15. MOTHER'S MAIDEN NAME FIRST	WIDDLE	Barger	LAST		
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	-10-9848	Josephine Ge	Forest Hill ettier,1826	Cosner Rd.	OXIMATE INTERVAL EN ONSET AND DEATH		
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	143EWOENCE OF						
FICATION	PART 2 OTHER SIGNIFICANT ARTERS 190 DATE OF OPERATION	CONDITIONS CONTRIBUTION CLER OTIC 196. CONDITION FOR	DIZUNANCY	VASCULAR	20a AUTOPSY?	DITION GIVEN IN PART OF THE PART 20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED		
MEDICAL CERTIFICATION	1 1 1 1 1 1 1 2	19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION ITH DAY YEAR 19	VASCULAR	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES TENTION OF PART 2	DINGS USED LES OF DEATH?		
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hosp sow, the deceased olive or	19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY	WHICH OPERATION WHICH OPERATION 19 OFFICE, FARM, ETC.)	216. HOW INJURY OCCURE	200 AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED LES OF DEATH? NO		

DHMH - 16 60M 7/ (VRA 15, 4)

TO FLINERAL DIRECTOR. After the certificate has been signed by the atten-should be detached for use or the burnof-transit permit. Then please remove or with the State Dept, at Health and Myntel Hygens prior to burnof, crematidis. MPORTANT if hert 21 is morked or here 18 thows ony mury, or other tra

ATTENDING PHYSICIAN, The low

TO HOSFITAL OF

ettined by the hospital or ottending physician.

ALC: TRACELO	11		ø		6 406 1987	601
20 Ed . nd Lut						
solement 1		· myh sausai	to total	.nt		
Mark was normally 1917		Eal so.			. bH	
Call second	wild-daily	Die		86fus		
Percent Hill, 34. 18990 Co.					nV.	
			1.70	IT ON B		
AL 01-142 111			. N Thurst			
		Tortots 1				

					·
6.30	ANDE	43.P	88 8	ED 34 1	LAND
N 1	AIP	- 639	MR A	BE Y	ANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

063705 AUG	25	FOR ATE EGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE / REG NO. 2	4 8 0
3 25	I. DE	CEASED NAME FIRST OR PRINT! Mildred	MIDDIE	Re	ENJAMIN	20. DATE OF DEATH MONTH 0	DAY YEAR 26 HOUR
1	3. SE		4 RACE	S. DATE (OF BIRTH	07	IF UNDER 1 YEAR IF UNDER 24 HRS.
04 1835	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY USA	(2 8	D NEVER MARRIED	Baltimore City Baltimore City	
1 40	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HEE HOMEMAKEY	126. KIND OF BUSINESS OR
Za hourt	USO. 5		OTHER INSTITUTION GIVE RESIDENCE BEF	WN	13d. INSIDE CITY LIMITS? YES X NO 1	136 STREET ADDRESS / ZIP CODE 506 S. Wickham	Road, 21229
(3)	H, FA	THER'S NAME Charles	MDDLE Benja		15. MOTHER'S MAIDEN NAME FIRST Carvella		Williams
TIMORE, be executed to medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? 166. SOCIAL SERVE WAR OR DATES) 216-24		17 INFORMANT Mildred Manr	ADDRESS n, 506 S. Wickham	
ST, BAL infricore on gaper emeral.			nly one couse per line for (a), (b), D BY: TE CAUSE (a) Signoi	d Div	restructions = A	tuess	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTON that the death co by the othersday ass remove corb il, cremohor, or i		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO THE CONSECTION OF TO THE CONSECTION OF THE CONSECTION	ated C	pastric vice	- T. Abcerr	7/30/- 8/19
PRDS, 20	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110
At RECC At the law ork of the law ork of the law ork of the law	RTIFICAT	6/28/87 + 7/30/8	7 Explorator, S		NWAS PERFORMED Storal		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
N OF VIT	ICAL CERT	2)a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM TB PA	ART T OR PART 2}
OIVISION affer this this and M this and M	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI Neightel or RECTOR. A and for use of of Heel			tol) ottended the deceased from 19	87.0	nd that in (my) (our) opinion of	death occurred on the date and hour	19, that (I) (we) last r and from the causes stated
HOSPITAL OR HOMEAL DIP HE I AND SE detach THE STORE DE		22d. PHYSICIAN'S NAME (TYPE O	Ted-			MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/87
TO HOSPIT responded by TO FUNER should be d with the Sto	220 5	P. Ledo	UX	NAME OF C	900 cator		hospital
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL JNERAL DIRECTOR		orraine	Park Cemeter	4	altimore Md.
DHMH - 16 60M 7/84 (VRA 15, 4)			Home, Inc., 410	7 Wilke	ens Ave AUG 2	4 1987 July Danie	CAR'S DIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	2	2	4	8	
						_

- 10						KLO. 140	/.		
	DECEASED NAME	FIRST	MIDDLE 3	LAST	2a. DA	TE OF DEATH	O M	A 7 Zh	HOUR
ŀ	DEU I	A/I	J. 481	OF BIRTH	4 AGE	(IN YEARS LAST BIRT	0 9	DER I YEAR IF	UNDER 24 HRS
	E-110/	PINA	MON'		4	2	MONTH		OURS MIN.
k	TEMALE ISTATE OR FO	DREIGN 75 CITIZEN OF	WHAT COUNTRY? 8.	00 7	- 4 BAL	IMORE CITY OF	YRS.	EATH	
1	South Caroli	na US	A MARRI		BA	Hdi HON	r Ci	Ly	MD.
)	Baltimore	DIAT	HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS) ON PUSPLITAL			WAL OCCUPATION WORK FOR MOST OF		b. KIND OF B	BUSINESS OR
		NG HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Baltimore	13d. INSIDE CITY LIM		3514 R	ZIP CODE	2/2	Rd
Ť	14. FATHER'S NAME		0	15 MOTHER'S MAID	EN NAME		7		
	Henry	WIDDLE	Kabb	Ethel		MIDDLE		Benn	ett
	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-44-1473	Bridget	- Harn	ADDRES	y Reis	sterstu	wn Rd
		lificant conditions	OR AS A CONSEQUENCE OF		HE TERMINAL DI	sease or cond		PART 110	
4	<u> </u>		etasis of Spi						
1	19a DATE OF OPERAT	ION 196. CON	DITION FOR WHICH OPERATION	ON WAS PERFORMED	YES	AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	CAUSES OF	S USED F DEATH? NO []
1	00.000.000.000.00	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY (OCCURRED (EN	TER NATURE OF INJUR	Y IN ITEM TO PART I C	OR PART 21	
١	GREGINER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	- 76-11	CITY OR TOV	VN C	OUNTY	STATE
	saw the decease abave, (1) (we) (d	(this hospital) oftended to d olive an id) (did nat) view the bad	19	and that in (my) (aur) o	pinion death or		-	from the cau	
	226. SIGNATURE	Bhipedi	hanilyh			ICAL STAF	F _/	SIC DATE SIC	20/87
	22d. PHYSICIAN'S NA		KAUK SINGH	22e ADDRESS	NIVO	Frai	pland	. CF	-HC)
	230. BURIAL, CREMATION, I			CEMETERY OR CREMA		Arbutus	COU	INTY	M'ð'
	Burial	9/4/8	2/ Larbutu	s Memorial	Park	Arbutus			IV O

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

Wm. C. March F/H West 4300 Waßash Avenue

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Tradeline and the same By Sulfant

	FOR	
1		
	STATE	
	W REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22482

	REGISTRAR	MIDDLE		LAST			THOM HT	1 DAY	YEAR	01 110	
1. DE	CEASED NAME FIRST	MIDDLE				20 DATE OF DEA	ATT MONT		TEAR	26 HO	JR
LITTE	Elizabet	th D.	F	Bennett			8	9	87	6:	30 P.
3. SE.	х.	4. RACE		OF BIRTH		6 AGE IN YEARS	AST BIRTHDAY)		INDER I YEAR	IF UNDE	24 HR5
F	Female	White	MQE	9 PAY	1901	86		YRS MON	ITHS DAYS	HOURS	MIN.
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	П. изиса		9 BALTIMORE			DEATH		
	Maryland	U.S.A.		NED NEVER	MARRIED	Balto	. Cit	У			W
	Balto. City	11. NAME OF HOSPITA UF NOT IN SUCH FACILITY. Wesley Ho	GIVE STREET ADDRESS)		MOITUTIT	12a USUAL OCC (TYPE OF WORK EOR Homema	MOST OF WORK		126. KIND O INDUSTRY Home	F BUSIN	ESS OF
130 5	AL RESIDENCE (IF MURSING HOME OF STATE Maryland		DENCE BEFORE ADMISSION Y OR TOWN Balto.	13d. INSIDE C	№ □	13e.STREET ADD	est R	code	s Ave.	2	209
14. FA	Frances	S. D	aîl		S MAIDEN NA Kata		DDLE		Ste	war	
16a V	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO -30-9890			eth Glads	tone	1902	2 Nort	hle	igh
	Conditions, if ony, which	DUE TO, OR AS A C	ONSEQUENCE OF								
ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (A) 19a. DATE OF OPERATION	DUE TO, OR AS A C	ONSEQUENCE OF	SIPCA	Enlo	MINAL DISEASE OR Metur 200 AUTOPSY	2 20b.	IF YES, W	IN PART 110	GS US	
ERTIFICATION	gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF OPERATION	DUE TO, OR AS A C	ONSEQUENCE OF UTING TO DEATH BE WILLY OR WHICH OPERAT	SIP CAL	Enlo DRMED	200 AUTOPSY YES NO	2 20b. IN C	IF YES, W CERTIFYIN YES	/ERE FINDIN	GS US	TH?
NEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (PART 2. OTHER SI	DUE TO, OR AS A C c) CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJUI	ONSEQUENCE OF UTING TO DEATH BE WILLY OR WHICH OPERAT Y ONTH DAY YEA 15	SIP CALION WAS PERFO	ORMED NJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE	2 20b. IN C	IF YES, W CERTIFYIN YES	/ERE FINDIN	GS USE	TH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (Page 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	DUE TO, OR AS A C c) CONDITIONS CONTRIBU 19b CONDITION FC 21b, TIME OF INJUR HOUR A.M. MC P.M.	ONSEQUENCE OF UTING TO DEATH BE WILLY OR WHICH OPERAT Y ONTH DAY YEA 15	SIP CALION WAS PERFO	ORMED NJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE	2 20b. IN C	IF YES, W CERTIFYIN YES	/ERE FINDING CAUSES	GS USE	TH?
	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (PART 2. OTHER SI	DUE TO, OR AS A C 1c) CONDITIONS CONTRIBU 19b. CONDITION FO 19b. CONTRIBUTION 19b. C	ONSEQUENCE OF UTING TO DEATH BE OR WHICH OPERAT Y ONTH DAY YEA TO RY ORY, OFFICE, EARM, ETC.) Sed from 19	21c. HOW IN	ORMED ORMED NJURY OCCUR ON 1 19 71	200 AUTOPSY YES NO RED (ENTER NATURE	200. IN CODE INJURY IN ITE	IF YES, WEERTIFYIN YES [VERE FIND IN AG CAUSES 1 OR PART 2)	PGS USE OF DEA NO	TH?
	gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (PURPLE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET AT WORK NOT WHITE AT WORK OF THE OBONG). 220. I certify that (I) (this hosp saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A C c) CONDITIONS CONTRIBU IPB CONDITION FO 21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJUI (AT HOME, STREET, FACTO Ital) offended the deceose Itali views the body after dece	ONSEQUENCE OF UTING TO DEATH BE OR WHICH OPERAT Y ONTH DAY YEA TO RY ORY, OFFICE, EARM, ETC.) Sed from 19	211. LOCATION and that in (my)	ON 1 19_71 (our) opinion	200 AUTOPSY YES NO RED (ENTER NATURE	2 20b. IN CO IN CONTROL IN	IF YES, WEERTIFYIN YES [VERE FIND IN AG CAUSES 1 OR PART 2)	PGS USE OF DEA NO	STATE
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (PURPLEAN 190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET OR AT WORK NOTIFY MEDICAL EXAMINET OR AT WORK NOTIFY MEDICAL EXAMINET OR WHILE AT WORK NOTIFY MEDICAL EXAMINET OR WHILE AT WORK NOTIFY MEDICAL EXAMINET OR WHILE AT WORK NOTIFY MEDICAL EXAMINET OR WORK NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A C Ic) CONDITIONS CONTRIBU IPID CONDITION FO 21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJUI (AT HOME STREET, FACTO (at) ottended the decease (at) view the body after decease (b) PRRINT)	ONSEQUENCE OF UTING TO DEATH BE OR WHICH OPERAT Y ONTH DAY YEA TO RY ORY, OFFICE, EARM, ETC.) Sed from 19	211. LOCATION and that in (my)	ON 1 19_74 ATTENDING PHYSICIAN [SS	200 AUTOPSY YES NO RED (ENIER NATURE CIT death occurred on	2 20b. IN C	IF YES, WEERTIFYIN YES [COUNTY	PGS USE OF DEA NO	TH?

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

062760 AUS 1487

						18
^ ·			4		sedent to	
					#Law	12
	10.01	;		2.1	Sant-20	
2	20-20-01			0.5	- 22100.coles	
110 .001 r== n		2	.0		Wishes W.	
21,0212	.9		T had	.8	500	
Harley Cour		Mrs. Timein		•	0	

DE BETTARES ET X 1201 M. OSEDETE ST. DESE SEVICE SUCCESSIONS SUCCESSIONS

NUTTED TO BE SEEN TO SEE THE SECOND TO SECOND

Lasternas Sussella AS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	17	FOR STATE REGISTRAR				CERTIF	EALTH AND ME		No.	REG, NO			
		CEASED NAME OR PRINT)	FIRST NO	ELIZAB		BENN	ETT	- 9.7	2a. DATE OF	DEATH MO	/21/8°		26 HOUR 1135
	1. SEX	FEMALE		RACE BLA	CK	S. DATE O	DAY	VEAR 08	6. AGE (INY	ARS LAST BIRTHD	,	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	- 5	RTHPLACE (STATE OR FO	REIGN 76.	CITIZEN OF WH	AT COUNTRY	? 8 MARRIED WIDOWE	□ NEVER MA	-	9. BALTIMO	RECITY OR C		F DEATH	WE
	1	LTIMORE CI		NAME OF HOS	CILITY, GIVE STREET		R OTHER INSTIT	NOITU		TERIA		PUBLI	C SCHOOL
2	134.5	MARYLAND	IG HOME OF OTH		E RESIDENCE BEFO L. CITY OR TOV BALTIM			1010	-	UINTE	RS A	MORE VE. 2	, MO. 1228
1	1	THER'S NAME FIRST WICCIAI	n		LEW	15	15. MOTHER'S A	NA	AE .	WIDDLE	F	PURV	EY
1		VAS DECEASED EVER II res, no or unknown)	U.S. ARMEI		15-34	-9276	CYRIL	BENI	VETT	1105	BALT		AVENUE
	ATION	Conditions, if any, gave rise to immicouse (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT!	ediote the last.		S A CONSECULATION TO TRIBUTING TO	PULL DEATH BUT	hanica		L'ETTLAS INAL DISEASE	PSY? 2	Ob IF YES,	WERE FINDI	NGS USED
7	CERTIFICATION	21a. ACCIDENT WAS UNDE		21b. TIME OF II		DAV VEAD	21c HOW INJU	IRY OCCURR	YES	NO	YES		OF DEATH?
1	MEDICAL	OR CONTRIBUTING CO. (IF ETHER NOTEY MEDIC. 21d. INJURY OCCURRI INDIA NOT WHILE AT WORL 22a. I certify that (I) (saw the decease obove, (I) (we) (di 22b. SIGNATURE	this hospital)	8/21 iew the body att	eceased from	19 FARM ETC.)		19 ur) opinion c	MEDICAL	STAFF	, 19		
		224 PHYSICIAN'S NA	d	Hoss	ari		220 ADDRESS	O.gn	es t	HOSPI	tal	1 01 2	-1181
	23a B	BURE WEST THEOR	AL	8/25/ = R.O.L.	87 A	RBUT	US ME	m. PK	236 LOCA CITY E REC'D. BY R	B	ALTO REGISTRA	AR'S SIGNAT	STATE STATE
	25	501 GWYNN	SFALL	s Akluy.	BALTO	2. MD.	212161			do Brain	Saindon	-Marke	1

DHMH - 16 50M 1/III (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept. MPORTANT IF

TO HOSPITAL

		AND

262911	-	A	19.17-87			STAT	E OF MARYLAND				
New York, Sing		47	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 2	48	5
y be death			EASED NAME FIRST EMIL	/	RACE	BE	NZINGER	20 DATE OF DEATH	MONTH DAY	1987 2	1:06 Am
e 4 may be ctor, page s ofter deat		3. SEX	FEMALE	4. RACE		S. DATE C	OF BIRTH 1906	6. AGE (IN YEARS LAST BIR	MOI		HOURS MIN,
Pog dere hour	2 1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	PR COUNTY O	FDEATH	
deorh deorh	1		Maryland	USA		WIDOWE	DIVORCED	Baltimo			MD.
the f	16	10 CI	TY OR TOWN OF DEATH		DSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUTION	17a USUAL OCCUPAT		126 KIND OF INDUSTRY	BUSINESS OR
ed within 24 hours of any ond 2 should be filed in by ond 2 should be filed examiner must be	-		Baltimore AL RESIDENCE (IF NURSING HOME OF		Samarita		pital	Nurse			
14 hour led in nost be	6	13a. S	TATE 136 COU		3c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
hin 2 shounder m	1		aryland THER'S NAME		Baltimo	re	YES NO 15. MOTHER'S MAIDEN NA.	5536 Loth	lian Ro	ad 2121	2
d wit	3/		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
	100	lác V	John M. Bron		66 SOCIAL SECU	RITY NO.	17. INFORMANT	B. Ellis	ESS		
te be execution and see ers. Page 11.	1	1	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-12-9	2854	Mr. John C.	Renginger	Tr 78	18 Doni	ole Arre
es that the death c ed by attend please vari, or other			Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	as a conseque						
		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS COI	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	I IN PART 11a	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir attending physician. After this certificate has been signs the burial-transit permit. Then os the burial-transit permit. Then hand Amental Hygiene prior to both each then 18 shows any ninon.	9	CERTIFICAT	190 DATE OF OPERATION	19b CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDING NG CAUSES O	S USED F DEATH?
NN. T hysical reast reast Hygi	1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF		AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	(OR PART ?)	
SICIAN: g physic certifical rical-tran ental Hy	U	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M		19					
ING PHY: r offendigher this os the bu Ith and M	1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
NDIN I or I Use o Use o I teolfi			22a 1 certify that (1) (this hasp	ital) attended the	deceased fram_		. 19	, ta	. 19	, th	at (I) (we) last
ATTE Spito CTO 3 for a for			saw the deceased alive ar abave, (1) (we) (did) (did no		fter death.		nd that in (my) (aur) apinian	death occurred an the d	ate and haur a		
At OR A the has at DIRECtached the Dept.			B. J. H	Hart	0	m	D, ATTENDING PHYSICIAN	MEDICAL STA		7-/1	F/87
TO HOSPITAL retained by th TO FUNERAL should be deter with the State	V		22d. PHYSICIAN'S NAME ITYPE	ORPRINT)			GSH				1
OT of shoot		23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	73d. LOCATION			
BP			SPECIFY) Burial	7/20/8			ore National	CITY OR TOWN	ore M	Nac Line	STATE
		24 FI	INERAL DIRECTOR	7 20/ 0		ici I	250 DAT	E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	RE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. 5305 Harford Road 21214

DHMH - 16 60M 7/84 (VRA 15, 4)

063974

SECT SED NAME

AUG

	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 2	4	8 6
A E C	SED NAME	FIRST	N	NIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		ROBERT	Rer	nnet	BERA		AUGUST 25,			4:45P M
SEX	(4 RACE		S. DATE C		& AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.
1	Male		caucasi	Lan	12	07 1908		8 YRS		
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
	Maryl		U.S.A.		WIDOWE		BALTIMOR			MD.
0 CI	TY OR TOWN OF	DEATH	CIENCE IN SUCI	HEACHITY GIVE STREET	ADDRESS1	DR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
BA	ALTIMORE		THE JOH	INS HOPKI	NS HO	SPITAL		erator		.Steel
3a. S	TATE TYLAND	136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN BALTIMO	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2323 E. I	/ ZIP CODE Milli	2/sq	205
1	THER'S NAME FIRST Mes		MIDDLE	Beran		Barbra	WE		Reĥ	1
	VAS DECEASED EN		MED FORCES?	216-07-		Nolores M.	Mainor 1		Symin	260
	Canditians, if a gave rise to cause (a), si	IMMEDIAT IMMEDIAT any, which immediate	D BY: E CAUSE (a) DUE TO, OF	Ine far (a), (b), and CARDIO P RAS A CONSEQUE TO TO CONSEQUE RAS A CONSEQUE	NCE OF		rest)		-	MATERITERYAL ONSET AND DEATH ALLOWS HOWS.
MOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transfer of the part transfer o									
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 706 IF YES, WERE FINING CAU YES 710, ACCIDENT WAS UNDERLYING 710, THE OF INJURY AND MONTH DAY YEAR 710 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART I OR PART				NG CAUSES						
	71a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEA		M. MONTH DA	Y YEAR	316 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2(
MEDICAL	21d INJURY OCC	URRED	71e PLACE (OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR F		COUNTY	STATE
	saw the dec abaye (II) w 276. S/GNATURE	eased live an	ti view the bady	e deceased fram 6 25 19 after death.	7 Par	DEGREE ATTENDING PHYSICIAN [death accurred an me of	date and have as	221 DATE	
	220 PHYSICIAN'S	NAME (TYPE O	RPRINT)	MD		Johns	HPK.s	162	pira	0

230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE MaryTand altimore (SPECIFY) 08/28/87 Burial oly Redeemer Chojnacki F.H. 1800 E. Lombard St AUG 26 1987 24 FUNERAL DIRECTOR

STATE OF MARYLAND

8	7	2	2	1.1	8	1
	REG. NO.					

U63269 AUG	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH 2	2 4 8 7
e 4 moy be ctor. page 3 s offer death	ECEASED NAME FIRST Mary W. Bernard ARC 8- EX Female White C 5. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE	DAY YEAR 75. HOUR 73°C 74 M. IF UNDER LYEAR IF UNDER 24 HIS MONTHS BAYS HOURS MIN.
deoth. Page	BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF WIDOWED DIVORCED C + 4 - B	altimore, MD.
1201	BALTO A TRANSING HOME OR OTHER INSTITUTION INTO THE PROPERTY OF STREET ADDRESS) LEAD FROM IN THE PROPERTY OF	
MARYLAND 21 ed within 24 ho impletely filled i ford 2 should be	JAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 136. LIST DE CITY LIMITS? YES NO 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME	
w E GO	Bernard — Ferning Catherine —— was deceased ever in u.s. armed Forces? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Lillian Pres.	Kraus Brown
ALTIMOR	IF YES, GOVE WAR OR DATES) 2 8 0 5 1449 2028 E. Pratt StBal 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1	to., Md.21231 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B g physian pop remove	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) POBABLE CVA	BLIWEN ORSET AND PEATH
201 W. PRESTON set that the death cr hed by the ottendin please remove corb urol, cremation, ar , ar other troumotic.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR	CIVEN IN PART 110
NG PHYSICIAN The law require attending physician. Wifer this certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to be orked or feat. It shows any injury orked or feat.	Octoral F16 Cafor 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TILFYING CAUSES OF DEATH? YES NO NO
ON OF VITAL (YSICIAN The ding physician is certificate h buvial-transit Mental Hygies Ar them, 18 shaw	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19	18 PART I OR PART ?)
DIVISION NG PHY offer this frer this frer this of the bu	716 INJURY OCCURRED WHILE AT WORK AND WHILE AT WORK 716 PLACE OF INJURY (AT HOME, STREFT, FACTORY, OFFICE, FARM ETC.) 711 LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A Iforuse of Heal	sow the deceased alive on	
TAL OR yy the how the box AL DIRE detached tate Dept the Direction of the	72%. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the State	C. Vergara - Soares 100 N. BROADWAY B.	AUT. MO. 21231
BP	BURIAL, CREMATION, REMOVAL 1336 DATE 1336 NAME OF CEMETERY OR CREMATORY 1336 LOCATION CITY OF TOWN STORY SACRED HEART OF Jesus -Baltin	nore, Md. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	FUNERAL DIRECTOR John A Monon Ing Funence London Holling REC'D BY REGISTRARIZS REG	STRANG SIGNAL RELATIONS

6.7 the Esserting of the first management of the second of the Record Tarming Committee Living J. Wholes Frederic Com The state of the s FOR IT EMPLOYED PART HOUSE Seriel - /20/ 7 Except point of caus - Schitzmel 2d. TOOL ST. II LANGE ST. W. L. CO. MILE ST. SEC. M. S. CO.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (A) CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

DIVORCED

DATE OF BIRTH

WIDOWED

1	6)	2	
	Sug	Ling	4
REG NO			

	REG. NO	4	4	Ö	Ö
	20. DATE OF DEATH MONTH	DAY - 8	YEAR	26 HOL	10 A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
2	75 YRS	MONTHS	DATS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Balto C	11	×		ME
	120 USUAL OCCUPATION	12b	KINDO	F BUSINI	SS OR

4 mart

LAND

ROTHMAN

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

CITY OR TOWN OF BEATH	ITT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT
0 11.	(IF NOT IN SUCH FACILITY, GIVE TREET ADDRESS)
Balto	Levildale
TIAL PESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS

Th CITIZEN OF WHAT COUNTRY?

hite

13d INSIDE CITY LIMITS? > 13e STREET ADDRESS / ZIP CODE 1007 SCOTTS HILL DR. 15. MOTHER'S MAIDEN NAME MIDDLE

FATHER'S NAME		
ADOLPH	MIDDLE	BERNSTEIN

amuel

I STATE OR FOREIGN

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost

190 DATE OF OPERATION

4 RACE

FOR

HPLACE

13a. STATE

stb

PM.

CERTIFICATION

MEDICAL

REGISTRAR DELL'ASED NAME (TYPE OR PRINT)

1 - STATE

3. SEX

FANNIE MRS. EDITH BERNSTEIN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO OR YNKNOWN HE YES GIVE WAR OR DATEST 1007 SCOTTS HILL DR.

18 CAUSE OF DEATH (Enter only one couse per the or to), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

•	
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR
	D 44

IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM TO PART 1 OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

21f LOCATION

20a AUTOPSY?

WORK -	AT WORK					
2a.1 certify	that (I) (th	is hospital)	ottended	the	deceosed	from
sow the	deceased	olive on	1	4	1	_19_

CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURI

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

22 ADDRESS

STORET

230. BURIAL, CREMATION, REMOVAL 23b. DATE AUG.6,1987 BURIAL

231. NAME OF CEMETERY OR CREMATORY BALTIMORE HEBREW

DEGREE

CITY OR TOWN COUNTY REISTERSTOWN BALTO.

MD

24 FUNERAL DIRECTOR

Sol LEVINSON & BROS GOOD REISTRES TOWN

206 IF YES, WERE FINDINGS USED

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s

and the second second

Land by the bear the street of the same of the same

Application of the Committee of the Committee of the Secretary of the Secr

Sol Leave & Elies Golden was properly the La year the simple was

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CENTIFICATE OF BEATH

. REG. N	10	ha	2 6	8
DATE OF DEATH	8	B DAY	6 YEAB 7	26 HOUR 21 35
0.5		100		

O GEGISTRAR SAMUEL L	. BERTOLET	CERTIF	ICATE OF DEATH	. REG. NO	6 6 4	8 9
1. DECEASED NAME FIRST (TYPE OR PRINT)	NEL L		ERTOLET	20 DATE OF DEATH MONTH	8 DAY 6 YEAB 7	26 HOUR 21 35 N
3. SEX	4. RACE WHITE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIE WIDOWE	D XXXVER MARRIED DIVORCED	BALTIMO		WE
BALTIMORE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST ST AGNES	REET ADDRESS)	PITAL.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) SECRETARY		OF MD.
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUTARYLAND	PROTHER INSTITUTION GIVE RESIDENCE BINTY 13c. CITY OR T	OWN	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / ZIP C 4718 DARTFORD	1501/1m	21229 CITY
14 FATHER'S NAME FIRST ULYSSES	MIDDLE LAST S.G. BERTO	I ET	15 MOTHER'S MAIDEN NA FIRST IDA		LAS	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S		17 INFORMANT DOROTHY BER	ADDRESS SAME	BI.AN	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for 101, (b ED BY ATE CAUSE 10) LUIV G	OAIYO		ASTATIC SOUN	BETWEEN	MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSE	QUENCE OF				

DEED VENOUS I HROMBOSIS. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [NO 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE

27e I certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE

STAFF ATTENDING PHYSICIAN 22e ADDRESS

PILLAI

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 8/10/87 ENTOMBMENT

23d. LOCATION LOUDON PARK MAUSOLEUM

CITY OR TOWN BALTIMORE

MARYLAND

HOSPITAL

STATE

24LEROX MITZKE RUSSELL C. WITZKE BUNERAL HOMES P.A. AUG 1630 EDMONDSON AVENUE CATONSVILLE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MEDICAL

AUG 07 1087 July Epison Publish

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

2	2	4	4	U
	13			43

25	FOR STATE REGISTRAR				EALTH AND	MENTAL HY	GIEIO	REG.	NO.	4	, 0	
	DECEASED NAME F	RST	WIGDIE	-	AST		2a DATE	OF DEATH	MONTH	DAY YEAR	26. HOL	JR
F	TYPE OR PRINT)	LLIAM	Η.	B	ETHEA				8	11 87		M
3.	SEX	4 RACE			OF BIRTH		6. AGE	IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR		
L	MALE		BLACK	3	02	1916	71		YRS	MONTHS DATS	HOURS	MIN.
170	BIRTHPLACE (STATE OR FORE	GN 76. CITIZEN OF	WHAT COUNTRY?	AA A D D IE	NEVER	MARRIED -	9 BALTI	MORE CITY	OR COUNT	TY OF DEATH		
	S. CAROLINA	U.		WIDOWE		NORCED		LTIMOF	RE CIT	Υ		MD.
10	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING JCH FACILITY, GIVE STREET ADI TY MEDICAL	DRESS)		NOITUTITE	(TYPE OF	WORK FOR MOS	T OF WORKING	126 KIND (INDUSTRY BETH		
	SUAL RESIDENCE (IF NURSING 30. STATE 136 MARYLAND			MISSION)	13d. INSIDE YES 💢	CITY LIMITS?	2349	ET ADDRES	s/zipcoi v Plac	e Apt.#	ORE , 2 21	MD.
14	FATHER'S NAME	WIDDLE	tast.		15 MOTHER	S MAIDEN NA	AME	MIDDLE			AST	
	WILLIAM	н.	BETHEA,			ROSA				BLU	-	
110	WAS DECEASED EVER IN I	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURI	TY NO.	17 INFORM	ANT				MARYLAND		
L	NO		219-03-64	54	ELSIE	M. BETH	HEA :	2349 E	UTAW F	PL. APT.	#2	2121
	PART 2 OTHER SIGNIFI	the OUE TO, C	OR AS A CONSEQUEN		NOT RELATE	D TO THE TER/	MINAL DIS	E ASE OR CO	ONDITION G	IVEN IN PART 1	¹a	
	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH O	PERATIO	N WAS PERF	ORMED	20a A	UTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES		TH?
		E OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR 19	21c HOW	NJURY OCCUP	RRED (ENTE	ER NATURE OF IN	NJURY IN ITEM 18	PART I OR PART 2)	2	
	OR CONTRIBUTING CAUS [IF EITHER, NOTHY MEDICALE 21d INJURY OCCURRED WHILE NOTH WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY OFFICE FAR	M ETC)	211 LOCAT	ION		City OR	10WN	COUNTY	0	STATE
	22a 1 certify that (1) (this saw the deceased abave, (1) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	live an (did not) view the bad	19	, 0	DEGREE	ATTENDING PHYSICIAN	PMEDIC	CAL SI	date and he	22c DAT		
2	30 BURIAL, CREMATION, REA					CREMATORY		OCATION CITY OR TOWN		COUNTY IMORE A	MARV:	STATE ZI ND

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

24 NUTTER FONERAL HOMES, INC. 2501 GWYNNS FALLS PKWY, BALTIMORE, MD. 21216 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 21 1987

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG-NO

06243

FOR STATE REGISTRAP **CERTIFICATE OF DEATH**

28	CASED NAME FIRST	MIDI	DIE	LAST	20 DATE OF DEATH	AONIH DA	1		
1111	Doroth	v v	. Bie	h1	August 7,	1987		6	
3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT)	IDAY) IF	UNDER I YEAR	IF UNDER	J HRS
	Female	White	MONT	il 30, 1899	88		INTES DATS	HOURS	MIN
Pa B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8		9 BALTIMORE CITY OF	COUNTY	OF DEATH		
	COUNTRY)	TICA		NEVER MARRIED					-
10 C	West Virgini		WIDOW SPITAL, NURSING HOME		Baltimore		12h KIND C	E RUSIN	MD, ESS OR
	D-142	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		INDUSTRY		
USU	Baltimore AL RESIDENCE (IF NURSING HOME			Medical Center	t Housewif	e	Own	Home	
130	STATE 136 CO	UNTY 13	CITY OR TOWN		13e.STREET ADDRESS /		120	ALL	
14-5	Maryland B	altimore	Dundalk	YES NOX	17 Broadsh	ip Roa	ad 2	1222	
1	FIRST	MIDDLE	LAST	FIRST	WE		LAS	1	
/	Charles	L.	Mullican	Florence			Par	sley	
	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S			
1	No	2	16-78-159	Anthony V. 1	Biebl 17 Bro	adshi	o Road	212	22
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost.	ATE CAUSE (0) DUE TO, OR A	S A CONSEQUENCE OF	ation l	hyper ka	levia	BETWEEN	mate inter Onset and	DEATH
	PART 2 OTHER SIGNIFICAN	I CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN	LINI DADT 1		
S	SIP CVA	A 0 00	ion Lin.	No MI	- DISEASE OR COND	IIION GIVEN	VIIN PART TIE		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		TH?
	210 ACCIDENT WAS UNDERLYING	110110 4 11	MONTH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	1 1 OR PART 2)		
CAL	OR CONTRIBUTING CAUSE OF D	ZEMIN	19						
MEDICAL	21d INJURY OCCURRED WHILE OCCURRED AT WORK AT WORK	21e PLACE OF	INJURY FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TOW	N	COUNTY	S	STATE
	22a L certify that (I) (this has				, to	19	·	that (I) (we) last
	sow the deceased alive a abave, (1) (we) (did) (did)	on	19, a	nd that in (my) (our) opinion o	death accurred an the dat	e and hour a	and from the	causes sta	oted
i	226 SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE 8	SIGNED	87
	228 PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS		^		,	
	Susan	Denma	an	5200	Easteri	1 AV-	e Bo	11	21204
23a E	BURIAL, CREMATION, REMOVA	AL 236 DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial	8-11-8	7 Morela	nd	Baltimore	Mary	land A	5	TATE
24 FI	JNERAL DIRECTOR Dud			Dundalk 250 PATE				URE	
			Dundalk, MI		1 1 1001 9				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use as the with the State Dept. of Health or

IMPORTANT:

TO HOSPITAL

BP.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND 8

22497

1-	STATE REGISTRAR		CERTIFIC	ALTH AND MENTAL HYG CATE OF DEATH	REG. N	0.	2
1. DEC	CEASED NAME FIRST	WIDDLE	A TAS	sī	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
EP -	-8 87. Sarar)	DIOI	SKI	9	5/24/	8/ 3:30
3 SEX	X	4 RACE	5. DATE OF	7000	6 AGE IN YEARS LAST BE	RIHDAY) IF UNDER	
-	emale	W hite	12	07 1424	78	YRS	DATS HOURS MI
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B		9 BALTIMORE CITY		ATH
	Balto. Md.	USA	WIDOWED	DIVORCED D	Baltim	ore City	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR		12a USUAL OCCUPAT	ION 12b	KIND OF BUSINESS
B	altimore/	(IF NOT IN SUCH FACILITY, GIVE ST	MOSE	sital	(TYPE OF WORK FOR MOST		USTRY Retail
13a. S	AL RESIDENCE (IF NURSING HOME OR, STATE)	STATE TO STATE OF THE STATE OF		138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	YOOK MU	IRd. ZIZ
14 FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAST
1		evet		Fannie		loom	(A3)
	WAS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMANT	ADDR	RUSSERN	APT. 16
(1	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	01-5826	Mrs. Jean I	Pinerman- 3		Court 2
CATION	Conditions, if any, which gove rise to immediate cause to, storing the underlying cause lost: PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	QUENCE OF		TERMINAL INAL DISEASE OR CON	DITION GIVEN IN F	PART 1(0
TIFICATION	gove rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	QUENCE OF		INAL DISEASE OR COM	DITION GIVEN IN F	PART 1(o
CERTIFIC	gove rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE ONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY	QUENCE OF		INAL DISEASE OR CON	20b. IF YES, WERE	PART 1/0 FINDINGS USED AUSES OF DEATH?
CAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 198 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAL LIFE EITHER NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	QUENCE OF	I WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE	PART 1/0 FINDINGS USED AUSES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 198 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	QUENCE OF TO DEATH BUT N ICH OPERATION DAY YEAR 19	I WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE IN CERTIFYING C YES URY IN ITEM 18 PART 1 OR	PART 1/0 FINDINGS USED AUSES OF DEATH?
CAL	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER AL WORK 22a.1 certify that (1) (this haspet saw the deceased alive on obove, (i) (we') (did) (side) on obove, (i) (we') (did) (side) on	DUE TO, OR AS A CONSE (c) EONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH 10 21c. PLACE OF INJURY (AT HOME STREET FACTORY OFF	QUENCE OF TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE FARM, ETC.)	21c HOW INJURY OCCURI 21L LOCATION STREET 2 that in (my) (our) apinion	ZOG AUTOPSY? YES NO RED (ENTER NATURE OF PAJO CITY OR TO	20b. IF YES, WERE IN CERTIFYING O YES URY IN ITEM 18 PART 1 OR DWN COI	PART TO FINDINGS USED AUSES OF DEATH? NO [] PART ?] UNITY STATE
CAL	gove rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER ALWORK NOT WHILE ALWORK NOT WHILE ALWORK SOW the deceased alize on above. (1) (we) (did) told not 22b. SIGNATURE	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	QUENCE OF TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE FARM, ETC.)	21c HOW INJURY OCCURI	ZOG AUTOPSY? YES NO RED (ENTER NATURE OF PAJO CITY OR TO	20b. IF YES, WERE IN CERTIFYING O YES DAY IN ITEM 18 PART 1 OR COI 29 19 21 19 21 19 21 19 21 19 21 19 21 19 21 21 21 21 21 21 21 21 21 21 21 21 21	PART TO FINDINGS USED AUSES OF DEATH? NO PART? UNITY STATE
MEDICAL	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE COUNTY OF TH	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 17b. CONDITION	QUENCE OF TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE FARM. ETC) DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DITTO DEATH B	216 HOW INJURY OCCURION 211 LOCATION STREET 2 that in (my) (our) apinion of the company of the	206 AUTOPSY? YES NOW RED (ENTER NATURE OF INJECTION OF TO COURTED OF THE COURTE	20b. IF YES, WERE IN CERTIFYING O YES DAY IN ITEM 18 PART 1 OR COI 29 19 21 19 21 19 21 19 21 19 21 19 21 19 21 21 21 21 21 21 21 21 21 21 21 21 21	PART TO FINDINGS USED AUSES OF DEATH? NO PART? UNITY STATE
WEDICAL	gove rise to immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER ALWORK NOT WHILE ALWORK NOT WHILE ALWORK SOW the deceased alize on above. (1) (we) (did) told not 22b. SIGNATURE	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 17b. CONDITION	QUENCE OF TO DEATH BUT N ICH OPERATION DAY YEAR 19 ICE FARM. ETC) DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DAY YEAR 19 DITTO DEATH BUT N DITTO DEATH B	211 LOCATION 211 LOCATION STREET 211 HOW INJURY OCCURI 211 LOCATION STREET 211 HOW INJURY OCCURI 211 LOCATION STREET 212 ADDRESS ATTENDING PHYSICIAN 212 ADDRESS METERY OR CREMATORY TENDAL	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJIE CITY OR IT deoth occurred on the company of t	DWN COLOR LEFE CIAL BOARD OF BOARD OF BOARD OF BOARD COUNTY COUN	PART TO FINDINGS USED AUSES OF DEATH? NO [] PART ?] UNITY STATE Tom the causes stoted DATE STONED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

063735/A	5	FOR STATE 26 06 PRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 2 REG. NO.	9 3
->	1 DE	CEASED NAME FIRST	WIDDLE	tAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be page 3	1	Anna	m	Blair	8/2	23/87 8:45PM
moy page	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR 1F UNDER 24 HRS
age 4 r	00	Female.	Carcasian	MONTH DAY YEAR 4 20 99	58 YRS	MONTHS DAYS HOURS MIN.
Page direct hours		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNT	Y OF DEATH
death.		Mary Land	IIGA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED		C1: 1
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	City MD. 126 KIND OF BUSINESS OR
ors ofter		Baltimore		spital	Homemaker.	LIFE) INDUSTRY
Filled in lauld be must be	13a S	at residence if nursing home of state ary land	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY Baltim	/N 113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 2913 Frederi	Md.21223 ck Ave.Balto.
of thir	14. FA	Charles	MIDDLE Cumberl	and Mary	MIDDLE	Healy (AST
1	16a \		RMED FORCES? 166 SOCIAL SECU	JRITYNO. 17 INFORMANT 21	90 ADDRESS	Linthicum, Md.
(inal)		No	220-24	-5463 Mrs. Evely	n E.Blair, 205	
(" ") E		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		_ 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
200		IMMEDIA	ATE CAUSE 10) Cardiop	ulmonary tails	yre	
oth carried			DUE TO, OR AS A CONSEQU	ENCE OF		
is that the deat deby the otter lease remave of itol, cremation, or other traum		Conditions, if any, which gave rise to immediate	(b)			
that the day the ease re		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
	320	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART Ita
The ta	ON					
has been permit.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	RTI				YES NO	res No
ATTENDING PHYSICIAN. The sapid or ottending physicion process. After this certificate of draws as the burial-stransit. Of Health and Mental Hygies are stranged or them 18 shown 21 is marked or them 21 is marked or th		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
HYS nding his c bur d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DING Protein of After the cost he colth and marked of	2	AT WORK NOT WHILE	TAT HOME, STREET, PACTORY, OFFICE.	ARM, EIC)		
NDIII or II or III	-0	220-1 certify that (I) (this hosp	oital) attended the deceased from_	, 19	, to	, 19, that (I) (we) lost
R ATTE hospitoned for ned for tem 21	- 6	sow the deceased alive or above, (1) (we) (did) (did no	n191919	and that in (my) (our) opinion	n death accurred on the date and ha	our and from the causes stated
~ = 0 0 0 0		274 SIGNATURE	11	DEGREE		22c. DATE SIGNED
. £ . 0		The til	hum	MIC PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/23/87
OSPE ed b UNE d be he S RTAR		22d. PHYSICIAN'S NAME TTYPE	OR PRINT)	22e ADDRESS		
TO HO To House should with the MAPO	23a. E	BURIAL, CREMATION, REMOVAL	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP		Burial		Cedar Hill Cem	Balto A.A.	Co.Maryland
	24 FU	UNERAL DIRECTOR Balt	1-7-17-10-1		ATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	IV.		to Md.2123Q _{DDRESS}	.Fort Ave. AUG	25 1987 Alia No	rider Pendass

rector, page 3 urs ofter death

irs ofter

	NT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTALHYG	IENE	2 2 REG. NO.	4	9 4	
MIDDLE	BI	un ber	9	2a DATE (8 - 11	N.	26 HOUR 3 / M
TE	MONTH		914	6. AGE 11N	YEARS LAST BIRTHE	YRS	FUNDER I VEAR	IF UNDER 24 HRS
WHAT COUNTRY?	MARRIE		RRIED -	9 BALTIM	Balt	MOR	e Ci	ty MO.
HOSPITAL, NURSING CH FACILITY, GIVE STREET ADI	SQ /	Home	NOITU		OCCUPATION ORK FOR MOST OF V		INDUSTRY	ESALE
Baltano		54	10 🗆	3601	ADDRESS / Z	IP CODE	APT.	411
BLUMBER	G	15 MOTHER'S M			MIDDLE		FREEDM	
219-14-60	14 NO.	3601	MRS FORDS		IABLTOMB BALTO.		APT. 4 2121	
Preum Di	2 4						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
R AS A CONSEQUEN	CE OF		de l'					
R AS A CONSEQUEN	CE OF							
ONTRIBUTING TO DE	A TAL BLIT	NOT BELLIED TO	THE TERM	MIAL DICE	SE OB CONID!	TION LONG	LINI DADT 1.	

		one couse per line for 101, (b), and 101. BY: PAKUMONIA			BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQUENCE OF (c)			
ATION		NOITIONS CONTRIBUTING TO DEATH BUT RT FAILURE DIABET			
CERTIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH? YES NO NO
CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2)
MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

ATTENDING PHYSICIAN

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) BURIAL

226. SIGNATURE

AT WORK NOT WHILE

sow the deceased alive on above, (we) (did) (did)

224 PHYSICIAN'S NAME (TYPE OR PRINT) ESTRELITA

FOR - STATE REGISTRAR DE LEASED NAME

TYPE OR PRINT

BIRTHPLACE I STATE OF FOREIGN

ITY OF TOWN OF DEATH

USUAL RESIDENCE (#

FATHER'S NAME FIRST

YES

EDEL

(YES, NO OR UNKNOWN

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

3 SEX

SAMUE

NURSING HOME OR OTHER INSTITUTION

MIDDLE

(IF YES, GIVE WAR OR DATES)

WWII-ARMY

4 RACE

76. CITIZEN OF

NAME OF (IF NOT IN SU

230. BURIAL, CREMATION, REMOVAL 236. DATE AUG.12,1987

and) view the body after death

231. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

DEGREE

23d. LOCATION BALTIMORE

MEDICAL STAFF DIRECTOR PHYSICIAN

COUMARYLANDIATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR BALTO MD 6010 REISTERSTOWN RD.

220 1 certify that 🌠 (this hospital) attailed the deceased from

21215

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 14 som

06379

attending physician and completely filled in by the funeral director, page 3 Service carbon papers. Pages 1 and 2 spould be filed within 72 hours after death

death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

7	0.7	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0. 2	2 1	0 6
4		EASED NAME FRST	MIDDLE	Bala	aV	20 DATE OF DEATH	MONTH D	AY YEAR	M HC
	CEN	Steve	0.05	1000	an	0 0	1 3	1	10 A
3. 3	SEX	AA .	RACE	S. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	ONTHS DAYS	HOURS MI
	1	MALE	White	12	18 09		8 YRS.		
70		THPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY	OF DEATH	
11		115V/Vania	USA	WIDOWED [Balto	. C1	ty	
10	201	y or town of DEATH	I. NAME OF HOSPITAL, NURS	EE (ADDRESS)	OUSE	170 USUAL OCCUPAT TYPE OF WORK FOR MOST OF COLPOST 1	PF WORKING LIFE		OF BUSINESS
	o. ST	RESIDENCE (IF MURSING HOME OR O' ATE ANUC	100 DISCITY PRIO	WN 13	Id. INSIDE CITY LIMITS?	13. STREET ADDRESS 2831EL	20-61	eth f	12:
7	FAT	HER'S NAME	Bo B	ak 15	DO FOT HY	WE		K021	är
160		AS DECEASED EVER IN U.S. ARM 5, NO OR UNKNOWN) (IF YES, GIVE Y	PAR OR DATES) 206-16	-4831	da L. Bobak	7831 Eliza		d. Pas	2 112 2
	- 1								
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c) CONSEQUENCE (c	ER OF	THE LU	165			
NOI		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	ER OF	THE LU	AINAL DISEASE OR CON	IDITION GIVE		-174
TIFICATION		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	OUENCE OF	OT RELATED TO THE TERM	165	IDITION GIVE	WERE FINDI	- 74
CAL CERTIFICATION	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO THE CONDITION FOR WHICE THE	DUENCE OF O DEATH BUT NO CH OPERATION V	OT RELATED TO THE TERM WAS PERFORMED	ANNAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
MEDICAL CERTIFICATION	MEDICAL CENTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 90 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO THE CONDITION FOR WHICH THE CONTRIBUTION FOR WHICH	DAY YEAR	DT RELATED TO THE TERM	ANNAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED 6 OF DEATH? NO
CAL	MEDICAL CERTIFICATION	gove rise to immediate couse lost underlying couse lost underlying couse lost part 2. OTHER SIGNIFICANT CO. 9a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, IN JURY OCCURRED WHILE AT WORK AT WORK 22a-1, Certify thot (I) (this hospito sow the deceosed olive on obove, (I) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENCY OF THE CONDITION OF THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION OF THE CONDITIO	DAY YEAR 19 E. FARM, ETC.) 21	THE LU DI RELATED TO THE TERM WAS PERFORMED TIC. HOW INJURY OCCUR III. LOCATION STREET That in (my) (our) opinion	208 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	206. IF YES, IN CERTIFY YES OWN	WERE FINDII ING CAUSES III I OR PART 2)	NGS USED OF DEATH? NO STATE
CAL	medical certification	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 70 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH- (IF EITHER NOTIFY MEDICAL EXAMINER) 711. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 712. ALWORK ALWORK ALWORK 713. ALWORK OR	DUE TO, OR AS A CONSEQUENCY OF THE CONDITIONS CONTRIBUTING TO SECUENCY OF THE CONDITION FOR WHICE CONTRIBUTION FOR WHICE CONTRIBUTION AND CONTRIBUTION OF THE CONTRIBU	DAY YEAR 19 E. FARM, ETC.) DEC.	OT RELATED TO THE TERM WAS PERFORMED TIC. HOW INJURY OCCUR III. LOCATION STREET Who in (my) (our) opinion GREE ATTENDING PHYSICIAN [208 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES WAY ONLY IN ITEM 18 PA	WERE FINDII ING CAUSES III I OR PART 2)	NGS USED OF DEATH? NO STATE
MEDICAL	medical centification	gove rise to immediate couse lost underlying couse lost underlying couse lost part 2. OTHER SIGNIFICANT CO. 9a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, IN JURY OCCURRED WHILE AT WORK AT WORK 22a-1, Certify thot (I) (this hospito sow the deceosed olive on obove, (I) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENCY OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHICE THE CONTRIBUTION FOR WHICE THE CONTRIBUTION OF T	DAY YEAR 19 E. FARM, ETC.) DEC. DEC.	THE LU DT RELATED TO THE TERM WAS PERFORMED TIC. HOW INJURY OCCUR TIL. LOCATION STREET That in (my) (our) opinion GREE ATTENDING	TOO AUTOPSY? YES NO CITY OR TO Death occurred on the death occurred occur	20b. IF YES, IN CERTIFY YES WAY ONLY IN ITEM 18 PA	WERE FINDING CAUSES IT I OR PART 2) COUNTY 9 87 ond from the	NGS USED OF DEATH? NO STATE

DHMH - 16 50M)/BI (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior. IMPORTANT: If Hem 21 is morked or Hem. 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requir

retained by the haspital or attending physician.

Francis Adjuster Falls

ly filled in by the town director, page 3 shayld be filed within 72 hours after death

etely filled in by

puo us

injury, ar ather traumatic event, the medical

moy be

	:	STATE	OF M	ARY	AND	
DEPAR	TMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CE	DTIE	CATI	OF	DEATH	5.

DEPART	MENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CEI	RTIFI	CATE	OF	DEATH	É

1 - STATE			ENT OF HEALTH AND MENTAL HY	GIENE	01
07 REGIST		MIDDLE	LAST	REG. NO 2	DAY YEAR 2b HOUR
(TYPE"OR PRINT)	Thelma	G.	Bonner	August 29.	.4
3. SEX			5. DATE OF BIRTH	A AGE (IN YEARS LAST BIRTHDAY)	1987 10:07 DM
	nale 1	Black	05-14-21	66 YR	MONTHS DAYS HOURS MIN,
To BIRTHPLAC	E (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	NTY OF DEATH
5000	ration	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City MD.
10 CITY OR TO	OWN OF DEATH	. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Ba	ltimore	Maryland Gen	DORESS)	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
USUAL RESID 130 STATE	ENCE (IF NURSING HOME OR OTH			13e.STREET ADDRESS / ZIP CO	ove Hon 37
14. FATHER'S		0-	15. MOTHER'S MAIDEN NA	AME	
RUE	scoe MID	Mayer	Fola	MIDDLE	aunders
160 WAS DEC	EASED EVER IN U.S. ARME		17 NO. 17 INFORMANT BO	inner 134	N. Carlton S
PAR Condit gove	TI. DEATH WAS CAUSED BE IMMEDIATE Common, if any, which rise to immediate (0), stating the	I ronic va	nal Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Underi	ying cause last	((c)			
	OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART I I O
Z10. ACC	E OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	TRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	RRED (ENTER MATURE OF INJURY IN ITEM	18 PART ORPART 2)
2		P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FAR	19 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
22a I ce sow		ottended the deceased from August 29,987	July 25, 19-87, and that in (MX (aur) apinian	. to August 2 death accurred on the date and	9. 1987 that (X (we) last have and from the causes stated

TRISNA

MD 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN.

Maryland General Hospital c/o

230 BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23b 25. DATE RECID. BY REGISTRAR 250 REGISTRAR 3 SIGNAPRE 1987 PURE DE PROPERTO DE 1987 PURE DE 1987 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

And the second s

THE REPORT OF THE PROPERTY OF

The state of the s

and the second of the second o

	The same	1-	FOR STATE REGISTRAR		ilmG63)	DEPAR	THENT OF	HEALTH	AND MEN	ITAL HYG		2 2	di 9	8	
0630	350 AUG	18	FRINT)		gory	WIDDLE		В	ooker	8. 7	OF	ESTI- H MATED	0.1	12/ ₁₉ 87	7 HOUR
	REASE RECTOR R FILES HOUR STREET	3. SEX		RACE		AY YEAR				UNDER 24 H			MONTH	DAY YEAR	74 HOUR
	ARY VOU TON TON	Ma		B1ack	8 5			RS.			DE		8/	12/ 19 87	PM
	HIGHSARY, REASE FUNERAL DIRECTOR. E. FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET.	FO	RTHPLACE (STA	Md.	USA			WIDOW		DIVORCED	□ Bai	ltimore	- City		MD
9	SEE PARTE		Balti	more	2848	CHEACILITY, GIV	NURSING HOMESS)	cle	ER INSTITUTIO	DN 120	Unemp	OPATION (TY PORKING LIFE)	PE OF WORK	OR INDUS	
21201	AND 3		TATE Md	13b CC	ME OR OTHER INSTITUTIO	N, GIVE RESIDEN	TY OR TOWN	(NO)	13d. INSIDE CITY	LIMITS? 13e	STREET ADD	oress Dakford	d Ave.	2121	15
WD	HANN H		THER'S NAME		WIDDLE		LAST _		51051	S MAIDEN N	AME	MIDDLE		LAST	
ORE.	T RESER	-	oosvell		101150 500 6500	Book	er, Sr.		Inel	1			lendo	n	150
TIM	SES TOP A	100. V	NO OR UNKNOW	(IF YES,	ARMED FORCES? GIVE WAR OR DATES)		7-66-87			Booke	210	ADDRES		ord Ave.	
. BA	A SO PARTY A	=			r anly one cause per			37	Ineii	DOOKE	er.	2040	Uakit		TE INTERVAL
CORDS, 201 W. PRESTOR	GE EXECUTED WITHIN 24 WIDINGS IN THE PRICE, IN THE PRICE ALON WARNER ALON AS BURNER HASTER THAT HASTER SERMATION, OR REMOVA	NOI	gove rise cause (a) s lying caus	s, if any, when to immediate to ting the underlost.	nich iate (b)	OR AS A CO	ONSEQUENCE ONSEQUENCE ELATEO TO THE TER	OF OF	cotic [
AL R	I A TECA A SU	CERTIFICATION	190. DATE OF	OPERATION	196 COI	NDITION FO	R WHICH OPE	RATION W	AS PERFORME	D?			33.100	20 AUTOPS	.5
N VI	PARTE T	E	21g EXTERNAL	CAUSE WAS	21h TIM	E OF INJURY	/	71c H	OW INJURY O	CCHPPED (6)	NTEO NATURE OF	MINIDY IN TEAL TO	BART LORGA	YES 😾	NO 🗆
DIVISION OF	CERTIFICATE SHO RITING THE WOOD DED TO THE CHE E 3 SHOULD BE LIFE E DEPARTMENT OF THE CHE CONTRACTOR OF THE PROPERTY OF THE PR	MEDICAL CI	UNDERLYING CONTRIBUTIN 21d INJURY OF	X OR G □ CAUSE	OF DEATH ?	P.M. 8/	12/19 8	87 su	oject u			INJURY IN HEM TO	S PART I OR PA	K1 2)	
DIVIS	CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR	MED	WHILE AT WORK	NOT WHILE AT WORK	STREET	FACTORY, FARM	A, ETC.)		TREET BOOK	comb Ci	ircle,	Balto.	. City	, Md.	STATE
•	MEDICAL EXAMINER: ECUTE THE CERTIFICATE, CGE 4 SHOULD BE FORV THE DIRECTOR: THE DESTRUCTOR: ATMORE, MARYLAND;		220. 1 certify death resulted ACTUAL SIGNATURE EXAMINER'S N	drom N	narge of the remains	Sheden	The M	Autop	Hamicide	CIFY) Lstant,		Manner X	DATE SIGNE	Q/13	3/87
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	-	(TYPE OR PRIN	T)D(ennis F.				ADDRESS		Penn S				
07/84	BP	(5	Buria Buria	1	8/17/87		Eastvi		m. Pk.		Dunda'l	k, Md.	COUP		STATE
25M	DHMH - 17	24 FI	WM C	or larch F	. H. West	tess 43	00 Waba	sh A		DATE REC'E	7 1987	RAR 256 REC	Deorder	IGNATURE CONTRACTOR	

06298

AUG

completely filled in by the funeral director page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0		2	2	4	9	(
O	REG. NO	2	2		-	_

	1 -	FOR STATE	DEPAI		ALTH AND MENT		8 /	2	24	99
	Q A	DEGISTRAR		CERTITI	CAIL OI DEAL		REG. NO		2	
0		PASED NAME SALL SALL	MIDDLE	300		20	DATE OF DEATH	B 15	87 Z	HOUR 3
3	SEX		RACE	5. DATE OF			AGE (IN YEARS LAST BIRT	HDAY) IF U		UNDER 24 HRS
L	-	t=ma/2	BIL	MONTH	DAY Y	16	70	YRS.	MS DATS M	OURS MIN.
7798		THPLACE (S)ATE OR FOREIGN TO DUNTRY) CHECK BRIEFE	CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARR	IED 🗀	BALTO. (DEATH	***
t	0 CIT	Y OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NUR				USUAL OCCUPATION		26 KIND OF 8	MD. BUSINESS OR
		ALTO. L	IBERTY MECH	CAA CI	ENTER	(7)	SEAMTRE	SS	CLOTA,	NY
1	10 51	L RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	13c. CITY OR TO		13d. INSIDE CITY LI	MITS? 13e	STREET ADDRESS	ZIP CODE GS AV	E 2	1216
	L FA	THER'S NAME FIRST MIDD	John S'		5 p of First	IDEN NAME	BLOOK !	NF()	LAST	
1	60 W	AS DECEASED EVER IN U.S. ARMED	D FORCES? 166 SOCIAL SE		17 INFORMANT		ADDRE	SS /	315	
	(YI	(IF YES, GIVE WA	AR OR DATES) 212 - 32	2-7590	REDI	Ecch	HAMN	relyid.	Al. MOI	
Γ		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	ine cause per line for (a), (b),	and ic		4		1	BETWEEN ONS	TE INTERVAL SET AND DEATH
ı		IMMEDIATE C	AUSE (0)Car C	20016	(piral	014	arrest			
	- 1		DUE TO, OR AS A CONSEC	OUENCE OF	eptre	66				
	- 1	Conditions, if any, which gove rise to immediate	(b)	_ J.	epre	1/16	ac			
1	1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OUENCE OF	Cun gu	ene-	Bowel			
		PART 2 OTHER SIGNIFICANT CON	VDITIONS CONTRIBUTING I	TO DEATH BUT N	- /				N PART 1:a	
	z	TART E OTTLER OTO THE PERIOD CO.	TOTAL CONTRIBUTION	0 021111						
	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHI	1			200 AUTOPSY?		G CAUSES OF	F DEATH?
		0/(4/8/	CILLLE (and	men		YES NO	YES [NO 🗌
		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH		ZIL HOW INJURY	OCCURRED	ENTER NATURE OF INJUR	Y IN HEM IS PART !	ORPART 2)	
ŀ	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION					
1	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
ı		22a.1 certify that (1/ (this hospital)	attended the deceased fro	m 8/	2/	87	10 8/1	5/_ 19_	87 , the	of (Iv (we) lost
		sow the deceased alive on above, (I) (we) (did) (did not) vi		9.87 /, one	that in (my (our)	opinion deor	th occurred on the do	ite and have an	d from the car	uses stated
ı		22b. SIGNATURE	101.	D	EGREE				224. DATE SIG	GNED
		C-N,	damy		PHYS	ICIAN D	AEDICAL STAF	IAN (8/	15/87
1		224 PHYSICIAN'S NAME TYPE OF PRI	(NT)		22e ADDRESS	1	/) n	1 0	, 21215
		L.N. L.K.	94 151		Liberi	cy /V	ranaf	Cari	er 17a	sto, nd
1		PECIFY)		J. NAME OF CE	METERY OR CREM	To all	23d LOCATION	2 13 16	DUNTY	STATE
	M E!!	BURIAL NERAL DIRECTOR	8-20-87	HRBUTO	SCEMEI	ER LI	RALT.	OI MI	C/C SICNIATING	25
1	, /	NAME O I I	ADDRES	1 16	0 /	ALIC 4	1 7 1007	Culta De	adam Ka	deep)
L	(X	salo ho W. Hayes	-31:3 heister	alour 1	oad	LAUU	1 1301	y		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exam TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DE

EPARTMENT	OF HEALTH	AND MENTAL	HYGJENE	
CEI	RTIFICATE	OF DEATH	U,	

2	0	4		-	
REG. TO	6	2	U	U	

63058 AUG	IA.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / REG No 2	500
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be	(117)	Elodi	ie	Borgyon	August 16,	1987 2:00 m
A pod a	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4	h I	Temale	Caucasian	12/25/03 YEAR	83 YRS	MONTHS DAYS HOURS MIN.
ا الله الله الله الله الله الله الله ال	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		- 9 BALTIMORE CITY OR COUN	
orth 72	- 25	lew York	USA	WIDOWED NEVER MARKIED		City. MD.
offer de offer de	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
by # filled		Baltimore			Hosp, Nurses Aid	e l
24 hor 24 hor 24 hor 24 hor avild be	13a.	ATTENTION TO THE NURSING HOME OF STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 130 CITY OR TO Balti	OWN 134 INSIDE CITY LIMIT	13e STREET ADDRESS / ZIP CO 5247 Nelson	
MARYLA mpletely and 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
		Henri Dauwens			ie DeCook	
ond condition		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			
TIM pe	1	10	126-1	2-8328 Mr. Iva	n Borgyon, Son s	
BAL core		18 CAUSE OF DEATH (Enter D	only one couse per line for (a), (b), SED BY:	ond (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			ATE CAUSE (o)	Lee		days
DN h ce	1	No.	DUE TO, OR AS A CO	QUENCE OF		11
re death c		Conditions, if any, which		puence of faila	160	WONDES
W. PRI		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF		• • • • • • • • • • • • • • • • • • • •
quires th	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIONS	O DEATH BUT OF THE	TEMMAL DISEASE OR CONDITION OF	GIVEN IN PART 110
n. n	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{VES} \\ \ext{VES} \\ VES
IAN: The physicion in the coll	4 8	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
PHYSICIAN: PHYSICIAN: ending physic this certificat this certificat did Mental Hy d or them 18		OR CONTRIBUTING CAUSE OF DE	EATH	DAY YEAR		
HYSICIA nding ph his certifit burial-ti	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
DIVISION OF VIT NG PHYSICIAN: Offending physician of the bareal-free on the burdel-free hond mental H	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
Af or Af Se of the second		22a I certify that (I) (this hasp	pital) attended the deceased from	1919_	86, to	619 C, thot it (we) lost
ATTEN ospitol of for unit of Hi		sow the deceased alive a	in 8 6 19	, and that in (my) (our) op	inion death occurred on the date and h	our and from the causes stated
0 E 0 0 0 0		226. SIGNATURE	not) view the dody offer deoth.	DEGREE		224 DATE SIGNED
by the hore hore deformed deformed Store Dep	1	Ja V	Madre	ATTENDI PHYSICI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	8/17/87
HOS bined FUN Suld b		J. Pavale	and Glad	luc GII	S. Charles S	×.
5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23 a.	BURIAL, CREMATION REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	
BP		Cremation	8/17/87	Security Proc	ess Baltimor	e, Md
		UNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256 REQ	
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME CITAMITATE EITH			6 1 7 1087	• \
(AKW 12' 4)		SCHIMONEK FUL	NEKAL HUME, B	alto, Md. 2121	2 T DOI 12	

The state of the s

Edward Land Committee Comm

Little V a dun

with the following the second

n further director page 3

oyld be figet

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages fland 2 should the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

retained by the haspital or attending physician.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

63	0	4	0	13
6m	La	2	U	4
REG	NO.			Au

-	118	FOR STATE REGISTRAR	DEPARTM	CERTIF	EALTH AND MENTALHYGICATE OF DEATH	IENE 2 2	5 0	2
		CEASED NAME FIRST OR PRINTS ARTI	HUR BOULN		E JR.	20 DATE OF DEATH MO	24 198	N N M
	3. SE)	M	BLACK	5. DATE C	L S 25	6 AGE (IN YEARS LAST BIRTHD.	YRS MONIHS I	DATS HOURS MIN.
		JOETH CAROLINA	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIMORE CITY OR C	TIMORE	
	10 (4)	AUTINGLE	11. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUS	IND OF BUSINESS OR STRY
5	13a. S	MANAMA 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY 13c CITY OR TOWN		YES NO	13. STREET ADDRESS / Z 3101 Wind		e 2/2/6
7		Arthur 51	AMES BOLIWA		15. MOTHER'S MAIDEN NAM	WIDDLE	Glade	den last
		VAS DECEASED EVER IN U.S. AR/ VES, NO OR UNKNOWN) (IF YES GIVI	E WAR OR DATES) 245-26-5	392	Kristal E	Boulware 3	IDI Win	Ndsor Ave
		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and DBY. E CAUSE (a) RESPLA		RY ARRE	557	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT (c) DUE TO, OR AS A CONSEQUENT (c)	2 AT		CA	2	MONTHS.
	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DI			INAL DISEASE OR CONDIT	ION GIVEN IN PA	RT 1ra
	CERTIFICATION	190. DATE OF OPERATION	ESOPHAGE				Ob. IF YES, WERE F N CERTIFYING CA YES []	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (FATE) NATURE OF INJURY IN	TIEM 18 PART I OR PA	RT 2)
1	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FAI	RM, ETC 1	21f LOCATION STREET	CITY OR TOWN	COUN	TY STATE
1		sow the deceased alive on	tal) attended the deceased from 19	11	nd that in (our) opinion of	death occurred on the date	and hour and from	m the couses stated
		22b. SIGNATURE	herd t		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	5	DATE SIGNED
		S, AHE			FSKEY	HOSPITAL	<u></u>	
	-	Byrial	1 5 21 5 - 1 ~	AME OF C			- 11 That	nacyland
	3	INERALDIRECTOR BUS	un 120871	120	Man TU	E REC'D, BY REGISTRAR 25	RECES	- Kondallo

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGIENE	7	9	2	13	-1
CERTIFICATE OF DEATH		- C	-	4	- 3

640 AUG		STATE MPISTRAR		DEPAR	CERTIF	CATE OF DEATH	REG.		5 U	3
7.5	District	Gertrude		MARY		mess	70 DATE OF DEATH	88	87	26 HOUR
oder p	1.5E)	emale	4 RACE WHITE		5 DATE O	FBRTH	64AGE IMYEMSLÁSTAI 93		ONTHS BAYS	HOURS
1134		anstand	11,8	WHAT COUNTR	MARRIED WIDOWE	NEVER MARRIED	Baltimorecity	DE COUNTY	OF DEATH	
1190	10. C1	BALTIMORE	THE PROPERTY OF			Home Balt Md	THE USUAL OCCUPATION OF WORLDON MOST SELF EMPLO	OF WORKING LIFE	MA KIND O	
1125	13e.5	MARYLAND	OR COTHER INSTITUTION		DHE NUMITED HE		13m STREET ADDRESS 1000 S.	CATON	AVENUE	212
120	14. FA	CHARLES	week	LAPPE		IS MOTHER'S MAIDEN NA PAST CATHER	INE		CRANE	
Program Program	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? WE WAR OR DATES	215-22		MARJORIE BR	304	FELTON ERVILL	E. MD.	210
been signed and the s	ICATION	PART 2. OTHER SIGNIFICANT HE DATE OF OPERATION	vien	arler	corel	NOT RELATED TO THE TERM DOZOFIC COR N WAS PERFORMED	AINAL DISEASE OR COL	20b. IF YES.	WERE FINDER	HGS USED
physican infects ho fromit pe of hygiens in 18 shows	CERTIF	21a. ACCIDENT WALLINDERLYING DRICONTRIBUTING ☐ CAUSE OF D	EATH HOUR A	M. MONTH		214 HOW INJURY OCCUR	YES NO	1.00	RT I DRIVARTE)	NO [
Arendong the bord was dead on the	MEDICAL	THE INJURY OCCURRED AND DESCRIPTION OF THE OFFI	21s PLACE	OF INJURY	CE, FARM, ETC.)	THE LOCATION	CITY ON TO	2wHt	COUNTY	547
Or ATTENDED he hospital or a Direction, after oched for use an Dept. of Health If New 21 is most		226.1 certify that all (this has said the deceased aline a object. (I) (up.) (d-d) (8-8	19	97.0	10 7 Cod did that in (my) (our) opinion DEGREE ATTENDING	MEDICAL ST	AFF /		ATOLIS DE LO CO
TO FUNERA should be det with the State		LAURENCE R.		R M.D.	~!~	22 ADDRESS	AVENUE, BAL		, MD.	30
BP	73e.	BURIAL BURIAL	8/1		NEW CA		BALTIMOR	E	COUNTY MA	RYAL
AH - 16 50M 7/77	74: E	INTERNAL DIRECTOR	ELL C. W			25n DA	TE REC'D. BY REGISTRA	R 25b REGISTE	RAR'S SIGNAT	Panda



CONT. D. 1 011

				-	REGISTRAR				CERTIF	ICATE OF DEAT	H 8	7 REG. N	2 2	5 0	4
	05	0 4110			CEASED NAME	FIRST		MIDDLE	2	AST	29	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
32	2 5 4	JAUG	118		4	VISO		E.	Rose	1201			08-	06-81	7501
	E OE	or. po		3. SE>	T 6	1	4 RACE	1 . 2	5 DATE C	OF BIRTH	6	AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER I YEAR	HOURS MIN.
	960	recto urs o		2	rema	re		yack	09	-10-0	3	84	YRS		
	4	ol di 2 ho	2		RTHPLACE (STATEORE	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D D NEVER MARR	IED -	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	deo	hin 7	0	10.01	Ind·	***	11 11445 05) M	WIDOWE			DALIE	7. (1+1	M
	ofter.	w P	34	0	TY OR TOWN OF DEA	AIH		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INSTITUTI		USUAL OCCUPAT			OF BUSINESS OR
1201	2	o by	1 Co	LUSI IA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	SECO	UIS	HO SPIT	411	Retired			
0 2	4 h	led bi	35	13a S		13b COUN		13c. CITYOR JO		134 INSIDE CITY LI		STREET ADDRESS	/ ZIP COD	DE	21211
IAN	hin 2	shou	1	IA FA	THER'S NAME		HLIO	DHI	-1 U,	YES NO	_ '	1105 FA	irta	x Ka.	21216
ARY	- A	plete nd 2	THE PARTY) .	FIRST	,	MIDDLE	LAST		FIRST	DENTAME	MIDDLE		1A	ST
Ä,	cuted	E S I S	a		rthur AS DECEASED EVER	IN U.S. AR		ritchet		Ann 17. INFORMANT	a	ADDR	ESS	?	
MOR	e X	pud	medical		ES, NO OR UNKNOWN)		WAR OR DATES)	220-2	1-1.4	1-1	1	D	/ 7.01		c n 1
BALTIMORE	e pe	icion ers. F	the		NO 18 CAUSE OF DEAT	H (Enter on	v ane couse ner	line for (a) this a	ndicii	CO SEA	niey	Bowser	410	Fair	TAX KO
2	Wico.	dadu	vent,		PART I. DEATH W	AS CAUSE	BY:	Thurshan	108 a	Can a DOM	1/16	n A		BETWEEN	ONSET AND DEATH
PRESTON ST	3	Jing Jing			•	IMMEDIAI	7	R AS/A CONSEQU	IENICE &			900	755		
STC	People	ve c	, ma		Conditions, if any,	, which	(b)	La boken	ueni		,				
O.	å e	the remo	-		gove rise to imm cause (a), statin		DUE TO, O	R AMA CONSEOL	INCE OF	-	1 11	SIL			
× =	to t	d by	or oth		underlying cause	last.	(c)_	ASCV	Dica	1 denugal	after	, At			
5, 20	i e	gne en pl	7.	7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMAN	DISEASE OR CON	DITION G	VEN IN PART 1	ra '
RECORDS	P P	t. The	y in it	TIO	Chime	dem	enfec.	preus			lust	tun	V		
REC	<u>o</u>	os be	:0	FICA	190 DATE OF OPERA	IION	196 COND	IT ON FOR WHICH	HOPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDI	
TAL	The state of the s	ote h	8 show	CERTIFICATION	21a ACCIDENT WAS UNE	DERLYING -	21b. TIME O	E IN ILIRY		121/ HOW IN HIRV	OCCUPPED	YES NO	1	ES	NO 🗌
JF V	NA NA	phys trifico Il-tro			OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH		THE TIES W IN TOOK!	OCCORRED	LENIER NATURE OF INJU	JAT IN IEM IS	PART TORPART 2)	
NO	YSIC	ding s cer	or Hem	MEDICAL	21d. IN JURY OCCURE		P. 21e PLACE		19	211 LOCATION					
DIVISION OF	9	er th	orked	WE	WHILE NOT WH	HILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR 10	NWC	COUNTY	STATE
ā	Z	or or see os	E .		220.1 certify that (1)		al) attended th	e deceased from,				, ta		, 19	that (I) (we) los
	_ YE	TOR for u	21 is	14	saw the decease above, (I) (we) (c	ed alive on) view the bordy	ofter death	, ar	nd that in (my) (aur)	opinian dea	th accurred an the o	late and ha	ur and fram the	causes stated
	A A	hos hed	He H		22b. SIGNATUR	110	· N/a		- 4	DEGREE	2011			THE BATT	SIGNED
	ALO	Al D	10			o UA	ulles	1/1		PHYS	CIAN ATO	AEDICAL STA	CIAN [194	87
	SPIT	d by	TAN	3.8	224 PHYSICIAN S	MAE THAT CH	empt)			77 ADDRESS		11	1.1	11	
	Ĭ	TO FUNI	MPORT			DW	yer			Donve	20 Del	un HOS	Rix	21	Non-
	7	5 F 2	3 4 1		URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COMM.	. 55400
		BP	_		Buria	1	08-11	-87 K	ings	Memoria		Baltim	_		
	DH	IMH - 16 60		- 0	INERAL DIRECTOR			ADDRESS			250. DATE RE	C'D. BY REGISTRAF	1		/-
		(VRA 15,	4)	Br	own/Thom	pson	F.H.	P.O.	Box 4	+433	AUG 1	0 1007	Julia	Dinder.	Kandalli

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	2 5 0 5
6 AU	DE	Baby Boy	Charles Boyer	JIE! ELDS	8112187	TI SPM
	3 SE)	nale	RACE Block	S. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
34	BI	OUNTRIVISCON FOREIGN 7	CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY OF	PF DEATH MD
8	il CI	Baltimon	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE!	ADDRESS MONTRAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF THE SINESS OR INDUSTRY
35	13a. S	TATE COUNT		VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	A J-21217
30	15A	THER'S NAME Charles	BYE!	P 15 MOTHER'S MAIDEN NA FORM	WIODLE	FIELDS
English		/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SEC		oyer 1612 MC1	cullah st
vent, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		respending on	rest 2°+.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT OF THE TOTAL OF T	buth aspt	greig 2°+	(and)
yory, or ath	NO		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	11-10	1 3
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	OR PART ?)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	PARM ETC) . 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma		220.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did nat)	1-31 8 8/12/19		death accurred an the date and hour of	
IT: If hem		276. SIGNATURE A	(0830-40).	DEGREED. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/12/8-7
IMPORTANT: #		220. PHYSICIAN'S NAME (TYPE OR AFSANEH H	PRINT) JESS AM. FOR	220 ADDRESS.	sity of may la	d Hospital
≤ 1		urial, Cremation, Removal	23b. DATE 8/20/87 Ce	NAME OF CEMETERY OR CREMATORY edar Hill Cemetery	Brooklyn, A.A.C	COUNTY Md . STATE

AUG 2 6 1987 Sure Production Prod

Charles A. Rice SPA 1300 Eutew P1,

DHMH - 16 60M 7/84 (VRA 15, 4)

AND THE PARTY OF T

of the design of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND MPORTANT: If Hem 21 is marked on Hem 18 shows any injury, or other troumatic even TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burnal-transit permit. Then please remave cowith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL	HYGI	ENE
CERTIFICATE OF DEATH	O	1
	_	

2	0	lan.	0	~
REG. NO.	4	2	U	4

	Z DU	QR PRINT)	SI	MIDDLE	ı	AST .	20 DATE OF DEATH	MONTH DAY	YEAR 26 1	HOUR
	TITPS	DR.	CATHY P	OPE SMIT	н в	RAGG	8/27/8	7	1	1:58p.
	3. SEX	X .	4 RACE	2	S. DATE C		6. AGE LIN YEARS LAST BIR			NDER 24 HRS
	E	FEMALE	В	-	4/5	5/33 YEAR	54	YRS.	DAYS HOL	URS MIN.
1	7a BI	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY O		EATH	
		OBILE, ALAN	ITA U.S.	Α.	MARRIE	NEVER MARRIED DIVORCED	BALTO. (CITY		MD.
~	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF BU	
1		BALTO.	1101	ST. PAU	L S	TREET	(TYPE OF WORK FOR MOST O	F WORKING LIFE) [N	DUSTRY	
5		AL RESIDENCE (IF NURSING HOTATE 13b.	OME OR OTHER INSTITUTION. COUNTY	BALTO.	DMISSION)	13d. Inside city limits?	13. STREET ADDRESS / 1101 ST. H	ZIP CODE PAUL STI	REET :	21202
100	14. FA	THER'S NAME	MIDDLE	IAST		15. MOTHER'S MAIDEN NA	ME	17 17 2 2 5	LAST	
1		WALTER	C. POPE			ANNIE PO			FW21	
,		VAS DECEASED EVER IN U.	.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE	SS		
		NO	N/A	343-26-	1352	DR. RICHAI	RD BRAGG I	101 ST	. PAU!	L ST.
		18 CAUSE OF DEATH (En	nter only one cause per	line for anthumptu	c.A.	1 1			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		PART I. DEATH WAS C	AUSED BY:	milasla	lec	preast ca	ncer		14 mos	the
		771		R AS A CONSEQUEN	CE OF					
		Conditions, if any, whi		K AS A CONSEGUEN	CEOF					
		gove rise to immedia couse (a), stating t	te	R AS A CONSEQUEN	Cr Or					
		underlying cause la		R AS A CONSEQUEN	CE OF					
		PART 2 OTHER SIGNIFIC		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ira	
	CERTIFICATION									
7	CAI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS U	USED DEATH?
_	RTIF						YES NO	YES	N	° ×
	B	210. ACCIDENT WAS UNDERLYIF		FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OF	PART 2)	
)	CAL	(IF EITHER NOTIFY MEDICALEX	OF DEMIN		19					
-	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	M FIC I	211 LOCATION STREET	CITY OR TO	wn cc	YTAUC	STATE
	2	AT WORK NOT WHILE		CELL, FACTORI, OFFICE, FAR	0					
		220. certify that (1) (this			Ull	1986	to_ Clie	19_6		(we) last
		saw the deceased of above (Ibwa) (did)	ord non view the body	atter death.	, or	hat in (my) jour) opinion	death occurred on the	te and have and t	rom the couse	es stated
		THE SHOWATURE	19 8	11		DEGREE		2:	20 DATE SIGN	JED
		111	wel	116	M	ATTENDING PHYSICIAN	MEDICAL STAF		8/3/1	187
		PHYSICIAN'S NAME	(ME OR PRINT)	ditting	-	22e ADDRESS	0. 0	en 1	2-12-	
		MARIL	N D' W	DELOF	1	1 Jams H	fans one	Color	ence	\
		URIAL, CREMATION, REMO		23c NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	41.4	STATE
	04.5	BURIAL	8/31	/87 GAR	RISC	ON FOREST	OWINGS		MD	
		INERAL DIRECTOR		ADDRESS		CEL	E REC'D. BY REGISTRAR			
	LE	ROY O. DYE	TT & SON	4600 LI	BERT	TY HGTS SEI	0 1 1987	Julia Davido	- Norta	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

Y	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	ICATE OF E	MENTAL HYG	JENE _	2	2		(1)	0	
,		CEASED NAME	FIRST		MIDDLE		AST		2a. DATE C	REGANN OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
U	3 SEX		TERL	ING	М.	BRA 5. DATE C		YEAR		IST 5	. 19	8 7	E I YEAR	7 : C	0 PM
		ALE		BLACK		6	9	25	6	52	YRS.		54.5	10043	
7		RTHPLACE (STATE OR I	OREIGN	b. CITIZEN OF		MARRIE	D NEVER			ORE CITY O			ATH		
3	BA	VA. TY OR TOWN OF DEA ALTIMORE		THE JO	HACILITY, GIVE	WIDOWE URSING HOME (STREET ADDRESS) OPKINS			120 USUAL	TIMO OCCUPATION ORK FOR MOST O CNOWN	ON	12b	KIND OF USTRY	BUSINE	MD. ESS OR
3	13a S	AL RESIDENCE (# NURS TATE MD	13b COUN	OTHER INSTITUTION,	13c. CITY OR BALT	TOWN	13d INSIDE C	ITY LIMITS?		ADDRESS /			ET 2	2120	5
		THER'S NAME FIRST	٨	H.	LAS	ANDON	15. MOTHER'S	FIRST	WE	MIDDLE			WAI)E	
-	16a V	VAS DECEASED EVER		AED FORCES?		SECURITY NO.	17 INFORMA			ADDRE	SS		WAL	<i>J</i> .E	
	IY	NO DR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	217-7	6-8290	LORRA	INE BRA	NDON	2019	McELD		STRE		2120
		PART I. DEATH W	'AS CAUSED	y one couse per) BY: : CAUSE (0)		bi, and ici.i	y arre	st				BE	APPROXIM TWEEN OF	nset and	
		Conditions, if any,		DUE TO, OI	RASA CONS	Middle	Cereb	ral ar	tery	ocdusi	ion	-	3 W	eel	cs
		couse (a), stotin underlying couse	g the	DUE TO, OI	A A CONS	NETO SC	leros	is					42	ye	9/5
	NO	PART 2 OTHER SIGN	- 1	nuo lit	IS of	SAC CU		TO THE TERM	INAL DISEA	SE OR CONI	DITION GI	VEN IN P	ART Iro		
2	CERTIFICATION	190 DATE OF OPERA	TION	49b. CONDI	TION FOR W	HICH OPERATIO		RMED	20a AUT	OPSY?	IN CERT	S, WERE FYING C.			TH?
1		218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR P	ART 21		
/	MEDICAL	WHILE NOT WHAT WORK AT WORK	IHE []	21e PLACE ((AT HOME, STR		FFICE, FARM, ETC)	211. LOCATION STREET	DN	J.F.	CITY OR TO	WN	cou	NTY	S	STATE
		22a. I certify that (I) saw the decease				0	5/87 nd that in (my)	Our opinion (, to death accurr	ed on the do	87 ite and ha	19		hot (II)	
		ZIE SIGNATURE	thou	Bluge	A, MD			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		226.	DATES	5/8	7
		Anth	AME STYPE OR	- 7	eyer,	MD	JOH	ins Ho	pkin	is He	ospi	tal			
		BURIAL CREMATION, SPECIFY)	REMOVAL	23b. DATE 8/12/	37	23c NAME OF C	CEMETEI			ATION YORTOWN BALTO.		COUNT	Y		MD
	-	JNERAL DIRECTOR			ADD	RESS	200	250 DAT	E REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S S	GNAIN	IREIL	
	W	1. C. MARC	H F/H	1101 I	. NORT	TH AVENU	E	100	1 1 13	07			11		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

062617 AUS 1387

21.0010/28919048

637

ector, page 3 Cr

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/1 VOC -	EASED NAME	FIRST		AIDDLE		LAST		2a DATE C	FUEAIR	MONTH	DAY	E	2 OUR
1.172	OR PRINT)	Thomas	Ro	obert	В	rannon	1	Augus	st.	79.	198	7	5:20a
3 SEX		4 F	RACE		5 DATE	OF BIRTH			YEARS LAST BIR	THDAY)	IF UNDER	YEAR	IF UNDER 24 HR
	Male		White		MONI 11		15	71		YRS	MONTHS	DAYS	HOURS MIN
7a. BIR	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNT	TRY? 8	- D NEVER	MARRIED X	9 BALTIM	ORE CITY O		Y OF DEA	TH	
DI	Maryland		U.S.A	A.	WIDOW		NORCED [Bal	timore	e Cit	y		٨
10, CIT	TY OR TOWN OF DE	ATH 11.		HOSPITAL, NU	RSING HOME	OR OTHER INS	STITUTION		OCCUPATI RK FOR MOST O		126 K		BUSINESS C
Ba	altimore	1			neral H	ospita	1		t Mat			rcha	nt Mar
	L RESIDENCE HENUR		HER INSTITUTION		SEFORE ADMISSION	113d INSIDE			ADDRESS			0	10
100.0	Md.	ISB COOKIT		Balto		YES X	NO [Lomba:			1	120
14. FA	THER'S NAME	MIDE	DUE	LAST	1 - 1 -	15 MOTHER	S MAIDEN NA		WIDDLE		-	LAST	
	John	WIDE	DIE	Branno		Mo	llie		WIDDLE			Whi	te
	AS DECEASED EVER				SECURITY NO	17 INFORM			ADDRE	SS	21	225	
(4)	ES, NO OF UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	219 07	0813	Ravmo	ond Fer	rell	3713	3rd	Stree	-	Balto
	Canditions, if any gave rise to im couse (a), stati	imediate ing the)	Pulmor	equence of	lema							
FICATION	gave rise to im	imediate ing the e last.	DUE TO, OI	R AS A CONSI	EQUENCE OF	T NOT RELATE		AINAL DISEA	OPSY?	200 FYE	S, WERE I	FINDIN	
ERTIFICATION	gave rise to im cause (a), stati underlying caus PART 2 OTHER SIG	e last. CNIFICANT CON	DUE TO, OI	R AS A CONSI	EQUENCE OF	T NOT RELATE	ORMED	20a AUT	OPSY?	206 FYE	ES, WERE I IFYING CA	FINDIN AUSES	GS USED
CAL CERTIFICATION	gave rise to im couse (a), stati underlying caus	innediate ling the ling the le last. INIFICANT CON ATION NDERLYING CAUSE OF DEATH	DUE TO, OI	R AS A CONSI	TO DEATH BU	T NOT RELATE	ORMED NJURY OCCUR	20a AUT	OPSY?	206 FYE	ES, WERE I IFYING CA	FINDIN AUSES	GS USED OF DEATH?
CAL	gave rise to im couse (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MEE 21d INJURY OCCUR WHILE ATWORK ATWORK	IMEDIATE ON TON TON TON TON TON TON TON TON TON	DUE TO, OI (c) 19b, CONDI 21b, TIME O HOUR A 21e, PLACE I (AT HOME, STA	R AS A CONSI	TO DEATH BU HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.)	T NOT RELATE DN WAS PERFI	ORMED NJURY OCCURI	YES TRED (ENTER N	OPSY? NO INJUINATION OF INJUINATION OF INJUINATION TO	200 YEAR TEM 18	PART 1 ORPA	FINDIN AUSES	GS USED OF DEATH?
	gave rise to im couse (0), stati underlying caus PART 2 OTHER SIG 190 DATE OF OPERA 210 ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED WHILE NOTIFY MED 270 I certify that 2	IMEDIATE ON TON TON TON TON TON TON TON TON TON	DUE TO, OI (c) 19b, CONDI 21b, TIME O HOUR A. P. 21e, PLACE (AT HOME STR	ONTRIBUTING ONTRIBUTING ITION FOR WE FINJURY M. MONTH M. OF INJURY REEL FACTORY OF	DAY YEAR 19 FICE, FARM. ETC.)	216. HOW I	ORMED NJURY OCCURI ON E1 , 19 87 () (aur) apinian ATTENDING	RED (ENTER N	OPSY? NOW LATURE OF INJUIL CITY OR TO LOUIS to do not he do	20h YEE	ES, WERE I IFYING CA	ART 2) NTY DATE 5	GS USED OF DEATH? NO STATE state (we) Ic auses stoted SIGNED
MEDICAL	gave rise to im couse (0), stati underlying caus PART 2 OTHER SIG 190 DATE OF OPERA 210 ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED WHILE NOTIFY MED 270.1 certify that 20 saw the decea above, (Maye) 278. SIGNATURE	ATION ATION ATION ATION ATION CAUSE OF DEATH DICAL EXAMINER) RRED (this haspital) sed alive an ATION (did) (1500) vi	DUE TO, OI (c) 19b. CONDI 21b. TIME O HOUR A P 21e. PLACE ((AT HOME STR attended th	ONTRIBUTING ONTRIBUTING ITION FOR WE FINJURY M. MONTH M. OF INJURY REEL FACTORY OF	TO DEATH BU HICH OPERATIO DAY YEAR 19 FRICE, FARM, ETC.)	216. HOW II 216 LOCAT STREET	ORMED NJURY OCCURI ION E1 , 19 87 (aur) apinian ATTENDING PHYSICIAN	RED (ENTER N	OPSY? NODIATURE OF INJUI	20h YEE	ES, WERE I IFYING CA	FINDINAUSES	GS USED OF DEATH? NO STATE state (we) Ic auses stoted SIGNED
MEDICAL	gave rise to im couse (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP AT WORK NOTIFY THE SIGN THE GROUP (MC (We)) 22a.1 certify that 10 saw the decea above, (MC (We)) 22b. SIGNATURE	INTEGRATE CONTINUES CONTIN	DUE TO, OI (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A P.: 21e. PLACE: (AT HOME. STR attended the STR iew the body 22c. PLACE: (AT HOME. STR ATTENDED (ATTENDED (ATTENDE	PRASA CONSI	TO DEATH BU HICH OPERATIO DAY YEAR 19 FRICE, FARM, ETC.)	216. HOW II 216. LOCAT STREET 216 LOCAT STREET 217. DEGREE	ORMED NJURY OCCURI ION E1 , 19 87 /) (aur) apinian ATTENDING PHYSICIAN [ZOU AUT YES RED (ENTER N death accurr MEDICAL DIRECTOR	OPSY? NODATION TO THE OF INJUING OF TO THE OF THE O	20b YE NO CERTIN Y NO ITEM 18 WN 19 ate and ha	PART LORPA	ART 2) ART 2) Tom the complete Signature Sig	GS USED OF DEATH? NO STATE state (we) Ic auses stoted SIGNED
MEDICAL	gave rise to im couse (0), stati underlying caus PART 2 OTHER SIG 190 DATE OF OPERA 210 ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED WHILE NOTIFY MED 270.1 certify that 20 saw the decea above, (Maye) 278. SIGNATURE	ATION ATION ATION ATION ATION ATION ATION ATION CAUSE OF DEATH CICAL EXAMINER) RRED WHILE (Ithis hospital) Sed alive an ATION AT	DUE TO, OI (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A P.: 21e. PLACE: (AT HOME. STR attended the STR iew the body 22c. PLACE: (AT HOME. STR ATTENDED (ATTENDED (ATTENDE	PRASA CONSIDERATION FOR WHEELER FACTORY OF 19 after death.	TO DEATH BU HICH OPERATIO DAY YEAR 19 FRICE, FARM, ETC.)	216. HOW II 216. HOW II 216 LOCAT STREE DE GREE 22e ADDRE	ORMED NJURY OCCURI ON 100 19 87 () (aur) apinian ATTENDING PHYSICIAN [SS Maryla	ZOU AUT YES RED (ENTER N death accurr MEDICAL DIRECTOR	OPSY? NOPIATURE OF INJUI CITY OR TO LEUST ed on the do PHYSIC	20b YE NO CERTIN Y NO ITEM 18 WN 19 ate and ha	PART LORPA	ART 2) ART 2) Tom the complete Signature Sig	GS USED OF DEATH? NO STATE state (we) Ic auses stoted SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pi TO FUNERAL DIRECTOR: After this certificate has

ATTENDING PHYSICIAN The ospitol or offending physicion

CHOLIC CONT. DE SANDAN CONTRACTO DE CONTRACT

Internet Teramo Artigran

*129

the state of the s

MANUEL CONTRACTOR

Parton of Paris.

C 1 34 1 4V

and the second s

The second of th

STATE OF MARYLAND								
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE.			
CE	DTIEL	CATE	OF	DEATH	P			

064383 9	SEP -	187	STATE		DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE	0		
			REGISTRAR		A CONTRACTOR	CERTII	ICATE OF DEATH	REG. N		45	0
. e. e	C .	(TYPE	CEASED NAME OR PRINT)				1	20. DATE OF DEATH	7 4	DAY YEAR	26 HOUR
moy be page 3 er death	-	7	PRASHEAR.		JOHN	\ <u>\</u>	/1		08-3	23-87	6:5517N
mo.	700	3. 5E/	. 1	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
ge 4	.1		N/	n		MAR	ch 10, 1923	65	VPS	MUNIHS DATS	HOURS MIN.
Po dir	1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(? 8	-1	9 BALTIMORE CITY C	R COUNT	OFDEATH	
nerol mero	200		Md.	U.	5 PA	WIDOWE	DIVORCED	BAITIMO	RE C	CITY	MD
1	P		TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
10 s of	15	B	ALTIMORE	Look	RAVEN	- 1 - 7	ANS HOSP	BRICKLAS		CONST.	RUCTION
212 hour	39	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
LAND			Md C		BAITIM		YES NO	2626 MC	ELDE	RRY 57	7 2/20:
YLA ithin	1	14 FA	THER'S NAME				15. MOTHER'S MAIDEN N	AME			
AAR d w	E Janes	-	TOSEPH K.	MIDDLE	RASHE	ars	MAR	WIDDLE		KO	16
S CO COT	8	16a W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI	SS	,,,,,,	2/2/5
ALTIMORE te be execu icion and c pers. Pages bl.	nedi	(4	ES. NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	716-18	- 6193	DolORES BA	PACHERDS	1503	UPSHIK	FRA
e be cron	the c		7 3				BUILTES DA	(1/3/1/2/1/2)			MATE INTERVAL DISET AND DEATH
ficot ficot pop pop	ent		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		Time far (o), (b), c	ona ici.i	and Long	carcinom	0	BETWEEN	NSET AND DEATH
Certi Certi	o o		IMMEDIA	TE CAUSE (0)	2133610	inate	Enul Ca	Zatanon	Ci		
PRESTON he death or he orrendin emave cork motion, or	to E		Complete of 111		R AS A CONSEQ		abuse				
e de oti	trac		Conditions, if ony, which gove rise to immediate	1b)	Tobacca		Dante				
W. ot to	other		couse (a), stoting the underlying cause lost	DUE TO, O	R AS A CONSEQ	UENCE OF					
201 es the	٥,	L)	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONIT PIRLITING TO	DEATH BUT	NOT PELATED TO THE TER	MINIAL DISEASE OR CON	DITION OF	(ENLINEDADT).	
NDS,	Colu	NO				DEXIII DO	NOT REPAILED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	CIA HA LAKI IIC	
ECOF Dw re beer mit.	Àu.	ATI	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
L RE los los no. hos per	Sm	IFICAT						YES NOW		FYING CAUSES	OF DEATH?
VITA VITA lysicio cote consit Hygie	8 5	ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUI	-		tana d	
Phy phy ruffic plant roll h	E	At C	OR CONTRIBUTING CAUSE OF DE	AIB	M. MONTH						
YSIG ding s cer	or Re	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P. 21e PLACE		19	211. LOCATION				-
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. ther this certificate has been sign of site buviol-transit permit. Then the and Mental Hygiene prior to he	kedo	MEDI	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A	E		22a. I certify that (I) (this hosp	ital) ottended th	e deceased from	8/	21/67 19	10 8/	24	10 87	that (I) (we) lost
TEN TOR	21 is		saw the deceased alive of	8/	24 19	07	nd that in (my) (aur) opinion	death occurred on the d	ate and how		
REC REC	E		obove, (1) (we) (did) (did n 22b. SIGNATURE	of) view the Body	ofter deoth.		DEGREE			22¢ DATE	SIGNED
the L Dist	# *		PSON	1 . 00	N 14 1 0	PROOS	ATTELLERING	MEDICAL STA	FF TO	8/	24/87
PITA by ERA Stot	Z-		224 PHYSICIAN'S NAME (TYPE	OR PRINTS	, , ,	1 K 000	22e ADDRESS	DIRECTOR PHYSIC	IAN X	10/	2,10,
HOSPI ined b FUNEI	MPORTANI		011	oerger				och Raveu	Blyd		
TO HOS retoined TO FUN	M.	12- 0				NIAME OF C			2140	•	
			URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	1	COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

CREMATION AU
HARTLEY MILER 7527 HAR FORd Rd 250 PAI FRES DIBY ASBY AR 25 DECESTRATES SCHOOL SCHOOL

7701			Item 5,	G631 9-3			TATE OF N			V015115				
		1 -	STATE REGISTRAR			EPARTMENT O					2 0			
64	355 SEP		CB ED NAME	FIRST	17116	MIODLE		LAST	CATEGO		ATE KNOWN		DAY YEAR 25 HC	-
	Manae	JIVP	E OR PRINT)	Henry		A. E	Braunsc	hweig	er	DE	OF ESTING	27	18- 987	,
	A DE SE	3. SEX	4 F	RACE	5. DATE OF BIRTH		NYEARS IF UN	DER 1 YR.	IF UNDER		DATE	MONTH	DAY YEAR 28 HC	5
_	NO STATE			White	1-17-194	6 46 41	YRS. MONTH	S DAYS	HOURS		NOUNCED DEAD	8-28-	1987 /:5	1
	S FOR A SHARE	FO	RTHPLACE (STATE REIGN COUNTRY) Marylan	đ /	76. CITIZEN OF WH.	AT COUNTRY?	8. MARRI WIDOW	ED NEV	VER MARRI DIVORC	ED XX		ore Cit		,
	PANCE FILED	I	rortown of Baltimore	e /	11. NAME OF HOSP (IF NOT IN SUCH FAC Francis	Scott Key	Medic	erinstitut al Ce	nter	Senior	CCUPATION (1) F WORKING LIFE) Credit	Rep.	OR INDUSTRY EXXON Oil	5
21201	ANA DE CONTRACTOR DE CONTRACTO	13a. S	L RESIDENCE (# IP TATE Maryland	136. COUN	ROTHER INSTITUTION, GIVE TY MORE	13: CITY OR TOW Baltimo	N Pe	13d. INSIDE (I	NOXX NOXX	13e STREED	DDRESS 8 Everg	reen D	r. 21222	
M.	1000	M. FA	THER'S NAME		MIDDLE	LAST		IS. MOTHE	R'S MAIDE	N NAME	MIDDLE		LAST	-
ORE	O SES	_	George AS DECEASED EV		E.	Braunsch	weiger	17. INFORM	Cathle	en J.	ADDRE		Rabenaw	
BALTIMORE,	AFTER INE PA H FOR SION	160. V	S, NO, OR UNKNOWN)		WAR OR DATES)	271-46-							green Dr.	
BAI	JRS AFT B. GIVE WITH F I. PAGE DIWISIO		Yes		tnam y one couse per line f		01.72	Nat	-111661	i o. my	ers roo	O PAGE	APPROXIMATE INTERVA	-
I W. PRESTON ST	XECUTED WITHIN 24 HOU NG" IN PENCIL IN ITEM 13 24L EXAMINER ALONG BURIAL - TRANST PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.		Conditions, gove rise	IMMEDIAT if ony, which to immediate ting the under-	DBY: E CAUSE (o) Ar DUE TO, OR A		CE OF	cardi	ovasc	ular d	isease		BETWEEN ONSET AND DE	A
5, 201	NO A PLANT				(c)									
ORO	HESEAHS	z			CONTRIBUTING TO DEATH BY		ERMINAL DISEASE	OR CONDITION	GIVEN IN PAI	RT 1 ta				
REC	HOULD BE WEND WEND WEND WEND AS A SECOND WEND WEND WEND WEND WEND WEND WEND WE	CERTIFICATION	190 DATE OF OP			ON FOR WHICH O	PERATION W	AS PERFOR/	MED?				20 AUTOPSY?	-
IIAI	ちちょうり 写	TIFIC											YES NO	
DIVISION OF VITAL RECORDS,	CERTIFICATE SE SITING THE WOR DED TO THE CI E 3 SHOULD BE: DEPARTMENT OF PRIOR TO BU		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR			EAR 21c. HC	W INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART		
DIVISI	HIS CERT WRITING /ARDED AGE 3 SH ATE DEP/	MEDICAL	216 INJURY OCC WHILE NAT WORK	URRED OT WHILE T WO	STREET, FACTO	F INJURY (AT HOME DRY, FARM, ETC.)		TREET		СПУ	OR TOWN	COUN	ATY STA	,TI
•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE A SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 F		220 I certify to death resulted to ACTUAL SIGNATURE	a por grange	e of the rufing ins described course	ribed obove, held o	Swelde	Homici		Undetermin		ond in my opin	8-28-87	
	MEDIC ECUTE T GE 4 SH FUNER TIER DEA		EXAMINER'S NA/ (TYPE OR PRINT)	ME C	harles P.	Kokes, M	.D.	ADDRESS_	111			alto.,N	MD 21201	
07/84	Bb	(5	JRIAL, CREMATION PECIFY) Burial		9-1-87	23c NAME OF Morel	and				timore	-	nd STATE	
25M	DHMH - 17 (VR A15 ME (5))	24 FU	INERAL DIRECTOR	7922 W	lise Ave.	al Home o Dundalk,	f Dund MD 21	222 2	AUG	3 1 198	STRAN	Devidon	Market .	

AUG 3 1 MBZ

6321

4 may be

completely filled in by the funeral directal page 3 . Vand 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13 0		1 100
6 2	3	1
REG. NO.		

ول ام	FOR - STATE	DEPAR		ALTH AND MENTAL HYG	1 6	2512					
	REGISTRAR ECEASED NAME FIRST DE OR PRINT)	MIDDLE T.	LA		REG. NO. 70 DATE OF DEATH MONTH DAY YEAR 76 HOUR 08 15 87 6.50						
1 51	Male	1. RACE Black	5. DATE OF	BIRTH 10 1902	6 AGE (IN YEARS LAST BIR	YRS HOUR	_				
3	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR U.S. A. 11. NAME OF HOSPITAL, NUR.	MARRIED WIDOWED		Baltimore CITY O	DE COUNTY OF DEATH LETTO RE 126. KIND OF BUSI	IN IEE				
4 B	altimore	BO OTHER INSTITUTION GIVE RESIDENCE BET	rs Ho	spital	TYPE OF WORK FOR MOST OF		INES				
130.	STATE 136 COU	INTY 134 CITY OR TO	mère	34 INSIDE CITY LIMITS? YES A NO 5. MOTHER'S MAIDEN NA	13. STREET ADDRESS	Park Heights	213				
6	Mi Hon	A. Bh	axton	Gussie	MIDDLE	Braxt	20				
	WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SE INE WAR OR DATES) 216-03		Clifton Bra	xton 470	9 Park Height	13				
	Due to, or as a consequence of ARTERIOS CLEROTIC CARDIOVO Conditions, if ony, which (b) CEREBRAL Vasual RRESE										
CERTIFICATION	couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	MILO TO DEATH BUT N			20b. 4F YES, WERE FINDINGS U					
Z J		216. TIME OF INJURY		11 HOW BUILDINGS	YES NO						
MEDICAL CE	210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH ER) P.M.	DAY YEAR 19	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)					
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	CE FARM ETC }	211 LOCATION STREET	2	country (STA				
270. I certify that (I) (this hospital) attended the deceased from											
	Kreang. y	en Hueng		ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF Of	6				
	KUANG	- YEN HU	ANGT	BON	Secon	RS Huspix	K				
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial			metery or crematory norial Park	Randal 1	stown	ST				
74 F	BUT1 a I	/H Most 130000885	A HIG MEI			PEGIST POR SIGNATURE	ī				

Avenue

4300 Wabash

DHMH - 16 60M 7/84 (VRA 15, 4)

March

F/H West

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital ar ottending physician.

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PLYGIENE CERTIFICATE OF DEATH

2	2 3	1	ď
2	25	1	3
	REG. NO.		

	TYPE	CEASED NAME OR PRINT)	MILD	RED (KATH	LEEN	BRAZ	CL	2a. DATE OF DEATH	MONTH	DAY YEA	R 2	Nour R	7	
	3. SEX	Pri	-500	4. RACE	M ITILUE		OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER TY	_	F UNDER 24 HR	_	
0	100 P.M	PEMALE		WHITE 12			23	63			HOURS MIN	4.			
3	COUNTRY			U.S.	S - A MARRIED & NEVER MARRIED			ARRIED 🛄							
		TY OR TOWN OF DEA	TH	11. NAME OF HOSPITAL, NURSING HOME OF				OTHER INSTITUTION 120 USUAL OCCUP			CUPATION 126 KIND OF BUSINESS OR				
Z	PISTA	BALTIMORE U			UNIVERSITY HOSPITAL				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CLERK 126 USUAL OCCUPATION INDUSTRY RANK S NURSERY						
4	130 S		136 COUN	ITY	13c. CITY OR TOWN 13d. INSIDE			Y LIMITS?							
MAFATHER'S NAME				MIDDLE	15. MO1			HER'S MAIDEN NAME					1236	_	
2	1	GEORGE			GRAY			BEULAH			UNKNOWN				
1		VAS DECEASED EVER I		E WAR OR DATES)		12-732	JOHN	BRAZI	L (HUSBA)		AME	ADI	DRESS		
ì		18 CAUSE OF DEATH	(Enter on	y one couse per									SET AND DEATH		
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) KES PIRATORY FAILURE													
		Conditions if any which (DUE TO, OR AS A CONSEQUENCE OF WE TASTAS IS													
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying cause lost (c) RENAL CANCER													
	N O	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
7	FICATI	19a. DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
CAL CERTIFICATION	ERTI	21g. ACCIDENT WAS UNDERLYING . 21b. TIME C						JRY OCCURRE	YES NO		S CART T OR PART		NO 🗌	-	
		OR CONTRIBUTING C		In .	M. MONTH M.	DAY YEAR									
	MEDICAL	216 INJURY OCCURR		21e PLACE	OF INJURY BEET, FACTORY, OF	FICE, FARM, ETC)	21f. LOCATION	4	CITY OF TO	WN	COUNTY		STATE		
		AT WORK AT WOR	×	od uttended the	e_deceosed fr	om	JNE	19 26	E to AUXC	N	19 2-7	the	ot (1) (we) to	ost	
		270 Learning that (1) (this hospital interded the deceosed from													
	1	226. SIGNATURE	THE	DKIL	itos	Carrol .		TENDING _	MEDICAL STA	FF /	22c. D/	ATE SI	GNED		
1									DIRECTOR PHYSIC	IAN 📗	18	114	4	_	
		FLAVIO	KRI	TER			22	50	oth G	-166	en	2	1		
	23a B	URIAL, CREMATION, R SPECIEVE CREMATION	REMOVAL	23b. DATE 8/21/			CEMETERY OR CE		23d LOCATION CITY OF TOWN	EMO DE	COUNTY		STATE		
	24 FU	INESCHEIMUNI	EK FI			INC.	ITY PRO		BALTI REC'D. BY REGISTRAR			VATUE	MD	•	
	18	9705 Be					1236	AUG	21 1987	Julia d	Devider	Kan	ndall		

DHMH - 16 60M 7/84

and the state of the second state of the second state of the second wenter Hygiene pr MPORTANT If them 21 is marked at them 18 shows a

TO FUNERAL DIRECTOR

(VRA 15, 4)

63567 AUG 24 87

25M

DHMH - 17 (VR A) 5 ME (5))

1101 E. NORTH AVENUE WM. C. MARCH F/H

250 DATE REC'D, BY REGISTRAR 1256 REGISTRAR'S SIGNAT

all.

- -FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			1,0	9		5
	EXAMINER			- 4		- //
ALCOHOLAL	CV A AAINICIDA	CCEDI	ELC STE		DEATL	100
MEDICAL	CARMINER	SERI	PERSONAL PROPERTY.	1 200	DEALD	ffram.

AU	GGF4-87		MEI	DICAL EXAMINE	R'S CE	RTIFICAGE	OF DE	ATH 4	REG	. SR .		3		
1 DEC	GEASED NAM			WIDDLE	LAS	iT		OF.			ONTH	DAY Y	EAR	ZE HOUR
		NAKIA		BRITTIN	GHAM			DEAT	H MATED		8-10	-87°		^
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	MONTHS	DAYS HOURS	DER 24 HRS	PRONO	UNCED			DAY)-87, o		A,
	MALE	BLACK	3 23	87 YRS	4	18		DE						M. A
	RTHPLACE (S	TATE OR	7b. CITIZEN OF WI		MARRIED	NEVER MA	ARRIED X		MORE CI	-			Н	
	LTO. M		USA		WIDOWED		DRCED L							W
10. C1	TY OR TOWN	OF DEATH		PITAL, NURSING HOME, (OR OTHER	INSTITUTION			UPATION ORKING LIFE)		WORK 1	OR IND	OF BUS	INESS
LICITA	Baltin		441 E.	Lanvale Str	eet		N/		ORKITO ET ET			100	2	
13a S		13b COUNT		VE RESIDENCE BEFORE ADMISSION		I INSIDE CITY LIMIT	ca 122, ST	REET ADD	DECC	_	21	211)	1	4
130 3	MD	158 COOI41		BALTO.		YES X NO			LANV	ALE	STR	EET		
14. FA	ATHER'S NAM	E	MIDDLE	LAST	15	MOTHER'S MA	AIDEN NAM	\E	WIDDLE			LAST		
	JOHN			BRITTING		REI	NEE	V.					IANO	CE
	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. ARM		166. SOCIAL SECURITY	NO. 17	INFORMANT			ADDR	RESS				
	10	(IF TES, GIVE V	YAR OR DATES)	N/A		RENEE CI	HANCE	1/11	FI	ANV	ALE	ST		
	Condition	IMMEDIAT ins, if ony, which ise to immediate a station of the sta	E CAUSE (a) DUE TO, OR	for (a), (b), and (c).) Sudden infant AS A CONSEQUENCE OF		th syndi	rome					BFTWEEN	ONSET	IND DEATH
NO	PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN,	AL OISEASE OF	CONDITION GIVEN I	N PART 1 (a)							1,1
¥	19a DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPERAT	TION WAS	PERFORMED?						70 AUTO	PSY?	
CERTIFICATION												YES		NO 🗆
EDICAL CERT	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	211	MONTH DAY YEAR	Zic. HOW	INJURY OCCU	RRED (ENTE	R NATURE OF	INJURY IN ITE	M 18 PART	1 OR PART			
MEDI	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	71f LOCA STRE			CITY OR 1	IOWN		COUN	(TY		STATE
			e of the remains desi	cribed obove, held an	Autopsy	X, Inspec	ction .	Inquir	у 🔲.	ond in	ту орг	lion		-

death resulted from Natural couses X ACTUAL

Homicide TITLE (SPECIFY)
Assistant

Undetermined monner

DATE

8-10-87

EXAMINER'S NAME (TYPE OR PRINT)

SIGNATURE

Korell, M.D. Margarta A.

ADDRESS

Penn Street

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 736 DATE 8/14/87 73c NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

73d. LOCATION

COUNTY

STATE

07/84 25M

DHMH - 17 (VR A15 ME (5))

BURIAL 74 FUNERAL DIRECTOR

ADDRESS 1101 E. NORTH AVENUE WM. C. MARCH F/H

ANN ARUNDER 250. DATE REC'D. BY REGISTRAR AUG 13 1987

AUG 1 2 4607 July Sold C 1 6UA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0		i
2 PEENO	la	2	

10 14	1-	FOR STATE REGISTRAR			ICATE OF DEATH	ENE 2	251	6
00 13		EASED NAME FIRST BEST	J(Bri	ow m	20. DATE OF DEATH	of OG F7	26 HOUR 4
	3. SEX	F	A. RACE B 7	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	YRS.	
20	C	OUNTRY) N.C.	TO CITIZEN OF WHAT COUNTRY	WIDOW		C	COUNTY OF DEATH	٨
£2	1	BALTIMORE	11. NAME OF HOSPITAL, NURSI	10 JOP	TAC	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING LIFE) INDUSTR	Spital Spital
900 S	13n S	MA. ISB COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	YES NO		ZIP CODE 2/0	415
xemine		George	MENER 1			MIDDIE	McN	Seil
medical		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 241-24-9	9127	Jesse Brow	on 5400	· Crisme	~
event, the		PART I. DEATH WAS CAUSED	ly one couse per line for (b), (b), o D BY: E CAUSE (o)	COLVC	dial infa	veta	APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEAT
ijury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS ON ISEQUENCE (c) CONDITIONS CONTRIBUTING TO	ENCEOF	otic hear of	L HES H		1ro
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	PED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2	
morked or It	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
n 21 is mo		saw the deceased alive on above, (1) (we) (did) (did not	tof) attended the deceased from 19 1) view the bad attended to		nd that in (my) (our) apinion o	, to death accurred on the de	ote and hour and from t	
TANT: # He		22b. SIGNATURE	- NO 19	A		MEDICAL STAI DIRECTOR PHYSIC		S OF
MPORTAL		MILAN TYPE O	WISTER		27. ADDRESS 2435 W.		veder Pox;	2/2/
_	+	URIAL, CREMATION, REMOVAL	8-10-87 23c	NAME OF	by tus	23d. LOCATION Barrown	COUNTY	Nd SIATE
4/83	24 FI	JNERAL DIRECTOR	ADDRESS	lau	reas AUG	1 1 987	St. REG ARAP'S SIGN	(SHOWER)

ayrens

DHMH - 16 50M 4/83 (VRA 15, 4)

ames

A. Morton - Sons

ADDRESS 1701

ATTENDING PHYSICIAN: The low ospitol or ottending physicion.

etoined by the hospitol or

BP.

TO HOSPITAL

162588 AUG 1387 61 66 67 Brown Esterolliste hand down MILERAL WINTER MANAGE AND US THE CEPTAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE

				AUC	.1.	FOR STATE
2	Q	n	7	AHC	he	OFGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

REG. NO.	2	2	1	8
REG. NO.			4	

RANT AUG	20	GISTRAR			CERTIF	ICATE OF DEATH	REG. N	io			
0 0 1 R00		CLASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH! DAY	YEAR	26 HOUR	
by be a death	(1111)	BURN	ELL		BR	OWN	AUGUST 20. 1987			5:35p M	
moy er d	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
rs of	F	EMALE	BLACK		MONTH 3	26 12	75 _{YRS}		NIHS DATS	HOURS MIN.	
of physical contractions of the physical cont	7c. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY		FDEATH		
eoth		VA.	U.S.	Α.	WIDOWE		BALTIMOR	E CITY	TY' ME		
P # 19 (2)		ITY OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE			12a USUAL OCCUPAT	ION	17h KIND OF	BUSINESS OR	
To all To	B	ALTIMORE		AND GENE		OSPITAL	DAY WOR	K	INDUSTRY N/A		
be be			AE OR OTHER INSTITUTION	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AN		13d. INSIDE CITY LIMITS?	1120 STORET ADDRESS	/ 7IP CODE	2120		
1 24 mountain	MD MD			BALTO		YES TO NO	130 STREET ADDRESS	HILL	AVE . AP	r 1113	
vithin nine	14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST		
pe de de	/	RICHARD		BR	OWN	ANNIE				INOR	
execution of a pages			. ARMED FORCES? S. GIVE WAR OR DATES!	166 SOCIAL SECU		17. INFORMANT	ADDR				
S. Poo		NO		213-34-8	755	JOSEPH BROWN	9200 CHATT				
sate apper apper val.	m	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause pe	r line far (a), (b), and	d (cs.)				BETWEEN O	NATE INTERVAL NSET AND DEATH	
ph ph mo				CARDIAC	ARRE	ST			5 n	inutes	
			DUE TO, C	R AS A CONSEQUE	NCE OF				1190		
8 (61)		Canditians, if any, which		METASTA	ric c	ARCINOMA OF	THE COLON				
		cause (a), stating the	DUE TO . C	R AS A CONSEQUE	NCE OF						
thought of the part of the par		underlying cause last	(c)_								
and	z	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART To		
4 1 2 2	OF.	METASTA		NIC CARC							
1 1 1 1 1 1	IFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIT	VERE FINDIN NG CAUSES	GS USED OF DEATH?	
48 4184	CERTII	71g. ACCIDENT WAS UNDERLYING	21b. TIME C	SE INCHIEN		Tal. How hallow occupy	YES NO	YES [NO 🗌	
34 555 CO		OR CONTRIBUTING CAUSE O		.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
PSEC PROPERTY AND	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		.M. OF INJURY	19	21f. LOCATION					
To day o	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F.	ARM, ETC 1	STREET	CITY OR TOWN		COUNTY	STATE	
DING or of softh			a 1 certify that * (this haspital) attended the deceased from AUGUST 9, 19.87					20. 19	87	. V	
F 8 8 4 5	0	saw the deceased alw	AUGUST	20 19	37 . an	nd that in May (aur) apinian				hat 🔏 (we) last	
F AT		abave, (H) (we) (did) (A	abave, A) (we) (did) (Adhat) and the hard wher death.						Tare DATES		
01 000 =		/	Att	N (230		ATTENDING _	MEDICAL - STA	FF	8-21		
TA STATE		22d. PHYSICIAN'S NAME (T	Morris 4			PHYSICIAN _	DIRECTOR PHYSIC	IAN I	10		
O HOSPIT TO FUNE O FUNE Novil be 1 THE ST		Todi Mot	// M D			C/O MADVI	AND GENERA	T HOSD	TOTAT		
10 0 0 4 4 M	73e F		val 23b DATE	123c N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	II HOSP	TIME		
BP	230 BURIAL, CREMATION, REMOVA					1	CITY OR TOWN		COUNTY	STATE	
	BURTAL 24 FUNERAL DIRECTOR			87 KIN	G MEM	PARK 250 DAT	RANDALLST E REC'D. BY REGISTRAR		R'S SIGNATI	MD JRE	
DHMH - 16 60M 7/84 (VRA 15, 4)	,	WM. C. MARCH	1101 E. N	ORTH AVEN	IUE	AUG			- 72	Jack.	

18 CONTROL OF THE PROPERTY OF THE PARTY OF T

LES SE SUA

			AN	

		FOR	DEPA		F MARYLAND LTH AND MENTAL F	TYGIENE?	2 5	9
1	418	7STATE REGISTRAR			ATE OF DEATH	REG. N	0.	
3		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		CARO		ROWN		AUGUST 10.		8;05A _M
	1. SEX	emale	All, te	5. DATE OF B	IRTH DAY JEAR JEAR	6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN.
	7a 811	RTYPLACE INTERPROPERIOR	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY		ATH
2	W	RSTMINSR'	4.5.77.	WIDOWED	DIVORCED	D PALITMONE C		MD.
1	5	BALTIMORE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS			120 USUAYOCCUPAT	ON 126. 126. IND	KIND OF BUSINESS OR USTRY
16	USUA	AL RESIDENCE SING HOME OR LIATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE M	OWN 130	I INSIDE CITY LIMITS	? 13. STREET ADDRESS	-	21157
1	90	THER'S NAME	HOOLE COUR		MOTHER'S MAIDEN	7		1. He-
Y		VAS DECEASED EVER IN U.S. AR YES (15 OF UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS	2-9433	INFORMANT	B. Brown	55	45 13
	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE (b) 665 DUE TO, OR AS A CONSE (c) 67 CONDITIONS CONTRIBUTING	QUENCE OF	reloseno		DITION GIVEN IN P	18 days 4 yrs
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED :AUSES OF DEATH?
î	10.77	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	It. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		I LOCATION STREET	CHTY OR TO	IWN COL	UNITY STATE
		220.1 certify that (I) (this haspi	0/1	047		ian death accurred an the d		2. that (1) (we) last am the causes stated
		276 SIGNATURE Sidnes	ader 1	10	ATTENDING PHYSICIAN		EF L	8/10/87
		220 PHYSICIAN'S NAME TYPE OF	AOVER M		John.	Hupkins Fi	hsp. tal	
		BURIAL, CREMATION, REMOVAL PRECIFY) *	8-13-87	PLEASOW CEM	Branch	RY 23d LOCATION WEST MINS	to Count	oll Prod.
	71 FL	name d. Flate	Les of Son We	stainster	Phol 250.	AUG 13 1087	25b. REGISTRAR'S S	IGNATURE RANDOLLES

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

MATORTANT If them 21 is marked or them 18 shows any injury, or other traumatic event, the

Amond the first of the last from the proof the

There dillies in Moderate the AUB 13 room

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

0 07	REGISTRAR				CEICH	ICATE OF DEATH	4	REG. NO					
	EASED NAME	FIRST		IDDLE		AST	20. DATE C	F DEATH	HINON	DAY	YEAR	2b HO	UR
	EI	LEASE		J.	BR	OWN			8	2	87		
3. SEX		4	RACE		5 DATE C		& AGE (IN	YEARS LAST BIRTH	IDAY}	MONTHS	ER I YEAR	IF UNDE	R 24 HR
	FEMALE	500	BLACK		5	2 1°0		77	YRS				
	THPLACE (STATE OR			HAT COUNTRY?	MARRIE	D NEVER MARRIED		ORE CITY OR			EATH		
	FLORII		USA		WIDOWE			TIMORE		-			
	BALTO.		(IF NOT IN SUCH	13 EAST	BROAD	DR OTHER INSTITUTION	TYPE OF WO	OCCUPATION FOR MOST OF	WORKING		N/F		ESS
USUAL 13a. ST		13b. COUNTY		13c. CITY OR TOV		134 INSIDE CITY LIMITS?		ADDRESS /					
14 EAT	MD THER'S NAME			BALTO.		YESX NO		N, BRO	ADWA	Y 21	1213		_
	DREW	WID	DLE	MACK	SR.	LIZZIE	ME	MIDDLE			DI	JKES	
	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECT	URITY NO.	17 INFORMANT	N TI	ADDRES	55		Mul		
N		(, , , , , , , , , , , , , , , , , , ,	An On Daylesy	249-68-	8417	PEARLEASE W	ILLIAM	S 1413	N.	BROA	ADWAY	7	
	18 CAUSE OF DEAT	H (Enter only o	one couse per l	ine for (a)/(b), or	nd ic	1/ 1/					APPROXI	MATE INTE	RVAL
0.00	Conditions, if any gave rise to immove (a), state underlying couse	mediate ng the lost	(b) DUE TO, OR (c)	AS A CONSEQU	JENCE OF	Failu	2						
	gove rise to imr	mediate ng the lost	DUE TO, OR	AS A CONSEQU	JENCE OF	NOT RELATED TO THE TERM	20g AUT	OPSY?	20b IF Y	ES, WER	PART I CO	IGS USE OF DEA	TH?
	gove rise to immr couse (0), stohin underlying couse PART 2 OTHER SIGN	nediate ng the lost	DUE TO, OR (c) NDITIONS COI	AS A CONSEQUENTE INTERIOR FOR WHICE	JENCE OF	N WAS PERFORMED	200 AUT	OPSY?	206 IF Y IN CERT	ES, WER	E FINDIN CAUSES	IGS USE	TH?
CERTIFICATION	gove rise to immore couse (o), static underlying couse	mediate 19 the 10st NIFICANT TION DERLYING CAUSE OF DEATH	DUE TO, OR (c) NDITIONS COI 196 CONDIT	AS A CONSEQUENTE INJURY	OPERATION YEAR	N WAS PERFORMED	200 AUT	OPSY?	206 IF Y IN CERT	ES, WER	E FINDIN CAUSES	IGS USE OF DEA	TH?
CERTIFICATION	gove rise to immediate to immediate to immediate the consensation of the consensation of the consensation of the contribution	mediate ng the lost lost TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED	DUE TO, OR (c) NDITIONS COI 19b CONDIT 21b TIME OF HOUR A.M. 21e PLACE O	AS A CONSEQUENTE INJURY A. MONTH D J. S.	PATH BUT	N WAS PERFORMED	200 AUT	OPSY?	20b IF Y IN CERT	ES, WER IFYING YES PART LOF	E FINDIN CAUSES	IGS USE OF DEA NO [TH?
MEDICAL CERTIFICATION	gove rise to immediate to immediate to import	TION DERLYING CAUSE OF DEATH COLL EXAMINER]	DUE TO, OR (c) NDITIONS COI 19b CONDIT 21b TIME OF HOUR A.M. 21e PLACE O	AS A CONSEQUENTE INJURY A. MONTH D	PATH BUT	N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUT	OPSY? NO ENJURY	20b IF Y IN CERT	ES, WER IFYING YES PART LOF	E FINDIN CAUSES RPART 2)	IGS USE OF DEA NO [TH?
MEDICAL CERTIFICATION	gove rise to immercouse (o), storing underlying couse PART 2 OTHER SIGN Pa. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR! WHILE AT WORK NOTIFY WORD 22a I certify that (1)	mediate org the org the illing th	DUE TO, OR (c) NDITIONS COI 19b CONDIT 21b TIME OF HOUR A.M 21e PLACE O (AT HOME STREET	AS A CONSEQUINTRIBLE TO THE PART OF INJURY OF	PAY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCURI 7 21f LOCATION STREET 19 19	200 AUT YES RED (ENTER N	OPSY? NO DIATURE OF INJURY CITY OR TOW P 2	206 IF Y IN CERT	ES, WER IFYING YES PART OF	E FINDIN CAUSES RPART 2) DUNTY	IGS USE OF DEA NO [STATE
MEDICAL CERTIFICATION	GOVE FISE TO IMPECOUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR. WHILE NOT WAT WORK 22a I certify that (1) sow the deceose obove, (1) (we) [6]	mediate ng the lost lost NIFICANT TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED (Ithis hospital ed alive on cause of one	DUE TO, OR (c) NDITIONS COI 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STREE)) oftended the	AS A CONSEQUINTRIBLE INJURY A. MONTH D A	PAY YEAR 198	N WAS PERFORMED 216 HOW INJURY OCCURI 7 216 LOCATION STREET 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUT YES RED (ENTER N	OPSY? NO DIATURE OF INJURY CITY OR TOW P 2	206 IF Y IN CERT	ES, WER IFYING YES I PART I OF	E FINDIN CAUSES RPART 2) DUNIY . 1	OF DEA	STATE
MEDICAL CERTIFICATION	gove rise to immediate to immediate to immediate the course the course to immediate the course to immediate the course the course to immediate the course the course to immediate the course the course the course to immediate the course th	mediate ng the ng the lost lost NIFICANT TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED (Ithis hospital ed alive an additional in	DUE TO, OR OCT. OCT.	AS A CONSEQUINTRIBLE INJURY A. MONTH D A	PAY YEAR 198	N WAS PERFORMED 21c HOW INJURY OCCUR 7 21t LOCATION STREE! 19 19 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	200 AUT YES RED (ENTER N B. 10 deoth occurr	NOW JUST OF MUJURY CITY OR TOW Company of the dot	206 IF Y IN CERT IN ITEM 18	ES, WER IFYING YES I PART I OF	E FINDIN CAUSES RPART 2) DUNTY	OF DEA	STATE
MEDICAL CERTIFICATION	GOVE FISE TO IMPECOUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR. WHILE NOT WAT WORK 22a I certify that (1) sow the deceose obove, (1) (we) [6]	mediate ng the ng the lost lost NIFICANT TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED (Ithis hospital ed alive an additional in	DUE TO, OR OCT. OCT.	AS A CONSEQUINTRIBLE TO THE PART OF THE PA	PAY YEAR 198	N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 19 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUT YES RED (ENTER N CHAPTER N CHAPTE	NO STAFF	206 IF Y IN CERT IN ITEM 18	ES, WER IFYING YES I PART I OF	E FINDIN CAUSES RPART 2) DUNIY . 1	OF DEA	STATE
MEDICAL CERTIFICATION	gove rise to immediate to immediate to immediate the course the course to immediate the course to immediate the course the course to immediate the course the course to immediate the course the course the course to immediate the course th	DERLYING CAUSE OF DEATH CALEXAMINER) REC CHISCOPIC CONTROL OF CONT	DUE TO, OR OCT. OCT. DUE TO, OR (c) INDITIONS COI 19b CONDIT 21b. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STREE) ortended the	AS A CONSEQUENTE INJURY ION FOR WHICE INJURY INJURY INJURY INTURY	PAY YEAR 198 FARM, ETC)	N WAS PERFORMED 21c HOW INJURY OCCUR 7 21t LOCATION STREE! 19 19 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	200 AUT YES RED (ENTER N Control AMEDICAL DIRECTOR 23d LOC CIT	NO STAFF	206 IF Y IN CERT IN ITEM 18	ES, WER IFYING YES I PART I OF	DUNIY OUNTY Tom the control DATE:	IGS USE OF DEA NO [STATE

1101 E. NORTH AVE.

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

WM. C. MARCH F/H, INC.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carb with the State Dept of Health and Mental Hygiene prior to burial, cremation, or a

AUG 0.5 SEE

25) REGISTRAP'S SIGNATURE Julia Disider Randous

07/84

DHMH - 17 (VR A15 ME (5))

Chas. A. Rice FSPA 1300 Eutaw Pl.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

25M

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	.5	2	Lu
•	Shring.		-31	Alle

DETHRO STATE STATE STATE OF BIRTH TYRE STATE STA	U	MEJSTRAR		ME	JICAL I	EVAMINE	K 2 CEKIIL	ICATE	TUEA	п	REG. NO				
SEX			FIRST		MIDDLE		LAST	- 13	- 20	DATE K	NOWN X	MONTH	DAY	YEAR	25 HOU
SEX S. DALE OF BIRTH COURT OF BURTH COURT OF BURT	1111		JETHRO		10		BROWN			10	E311		Δ	10 87	200
ABBRITHPIACE STATE OF DEATH STATE	3 SE		5.		0		IF UNDER 1 YR	IF UNDER	24 HRS. 2	c. DATE		-	DAY		2d HOL
SABITIMORE	W	12/2 12/	nav.	MONTH DAY	YEAR	-16	MONTHS DAYS	HOURS		RONOUNG	ED	Q	Λ	97	6:49
DATE OF PERATION STATE OF PERATION STATE OF POST STATE	asB.	RTHPLACE (STATE OR	ZCA !	CHIZEN OF WH	AT COUN				9		PE CITY C	P COUN	TTY OF		M
18 CHIVEN TOWN OF DEATH	fc	REIGN COUNTRY)		71 6	5				IED 🔲			_		DEATH	
Baltimore South actual State St	ID C	TY OR TOWN OF DEA	TU	U.S.	17.									INID OF BUI	M.
USUAL RESIDENCE (# IN ENDISON DONE OF CHER ASSITUTION, OPERADORE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c MODILE 15c MOTHER'S MAIDEN NAME 15c MODILE 15c MOTHER'S MAIDEN NAME 15c MODILE 15c MODILE NAME 15c MODILE NAME 15c MODILE 15c MODILE NAME 15c MODILE NAME 15c MODILE 15c MO			"	(IF NOT IN SUCH FAC	CILITY, GIVE ST	REET ADDRESS]	OR OTHER INSTIT	IUIIUN	FOR MC	OST OF WORK	NG LIFE)	OF WORK			
TART OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? THE DATE OF OPERATION THE EXTERNAL CAUSE ON DEATH CONDITION FOR WHICH OPERATION WAS PERFORMED? THE LINUTRY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE LINUTRY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE INJURY OCCURRED CONDITION FOR WHICH OPERATION WAS PERFORMED? THE OPERATION FOR WHICH CONDITION FOR WHICH OPERATION WAS PERFORMED? THE OPERATION FOR WHICH CONDITION FOR WHICH OPERATION WAS PERFORMED? THE OPERATION FOR WHICH CONDITION FOR WHICH OPERATION WAS PERFORMED? THE OPERATION FOR				2625 E.	Pres	ton St.			SKIL	PIN	e Cle	M	Fa	ictor	py
N. FATHER'S NAME		TATE ,		THER INSTITUTION, GIV		ORTGWN		E CITY LIMITS?	13e STREE	TADDRES	5.				
MODIE BYONE STONE STON					Ba	1211901	re, YES V	NO 🗆	2625	ELF	res	CON	156	: 212	1.13
CONTRIBUTING OR CONTRIBUTI	14. F	ATHER'S NAME	,	MIDGLE		LAST	15. MOT	HER'S MAIDE	EN NAME	MID	DLE		4	.tAST	
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Stephe	N		B	POWN	SY	IVPS	tep			H	Ille.	and	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease Conditions, if any, which gove rise to immediate couse (a) storing the under-lying cause lost. (c)			N U.S. ARME	D FORCES?	16b SOC	IAL SECURITY	10. 17 INFO	RMANT			ADDRESS	4	,		
PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		NB	111 120, 0112 111		217-	11-13	49 MA.	HIP. E	BURN	VN 2	258	Pho	nto	1, 8%	5.
PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		18 CAUSE OF DEATH	H (Enter anly a	one cause per line	far (a), (b)	and (c).)					AJ QI	17.44			
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMIN		PART I DEATH WA	AS CAUSED B	Y: 70 -			tic card	diovasc	nılar	dise	926		BET	WEEN ONSET	AND DEAT
Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR CONTRIBUTION FOR CONTRIBUTION FOR CONTRIBUTION FOR CONTRIBUTION FOR CONTRIBUTION FOR CONT		13 2 137	IMMEDIATE					LOVADO	Jarar	albe	abc .		-		
Gove rise to immediate cause (a) stating the under lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?		Canditians, if a	ny, which	1 552 10,011		SEGOETICE OF							0.15		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION IN PART 1 IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION IN PART 1 IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION OF				< ' '											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR AM. MONTH DAY YEAR ONTRIBUTING OR CONTRIBUTING OR AM. MONTH DAY YEAR ONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR SIREET CITY OR TOWN COUNTY STATE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (ENIER NATURE OF INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 1 OR PART 2) 21d. INJURY OCCURRED (INJURY INTEM IS PART 2) 21d. INJURY OCC			me onder-	DUE TO, OR	AS A CON	SEQUENCE OF									
198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 AUTOPSY? YES NO 198 NO 198 NO 199 NO NO NO NO NO NO NO															
AT WORK AT WORK 27a certify that taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion death resulted fram Natural courses . Accident . Suicide . Hamicide . Undetermined manner 	7	PART 2 DIHER SIGNIFICANT	CONDITIONS CON	ITRIRUTING TO DEATH B	BUT NOT RELA	TED TO THE TERMIN.	AL DISEASE OR CONDIT	TON GIVEN IN PAI	RT 1 to						
AT WORK AT WORK 22a Certify that I taak charge of the remains described above, held an Autapsy , Inspection X , Inquiry , and in my apinion death resulted fram Natural course X , Accident , Suicide , Hamicide , Undetermined manner , , , , ,	0	IA- DATE OF OBERA	TION	Tial Colinia	10115081	AUTON OPERA	IONIUM C DEDE	2011500						100	
AT WORK 22 a I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion death resulted from Netural course . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) Deputy Cnief MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201	CA	170 DATE OF OPERA	IION	IVB. CONDII	ION FOR	WHICH OPERA	ION WAS PERFO	DKMED?					20 /	AUTOPSY?	
AT WORK AT WORK 22a Certify that I taak charge of the remains described above, held an Autapsy , Inspection X , Inquiry , and in my apinion death resulted fram Natural course X , Accident , Suicide , Hamicide , Undetermined manner , , , , ,	RTIE		C. V. J. C.											YES	NO []
AT WORK 22e Certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion death resulted from Natural course . Accident . Suicide . Hamicide . Undetermined manner 	C					DAY YEAR	21c. HOW INJUR	RY OCCURRE	D LENIER NA	TURE OF INJUI	RY IN ITEM 18 F	PART 1 OR PA	ART 2)		
AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion death resulted from Neutral course . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) Deputy Cnief MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201	CAI	CONTRIBUTING	AUSE OF DE	ATH P.M.		19		100.3							
AT WORK AT WORK 22a Certify that I taak charge of the remains described above, held an Autapsy , Inspection X , Inquiry , and in my apinion death resulted fram Natural course X , Accident , Suicide , Hamicide , Undetermined manner , , , , ,	VEDI	21d. INJURY OCCURR	ED						TO DO	CITY OF TOWN			Out to a Pari		*****
22a Certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and in my apinian death resulted fram Natural course . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) Deputy Chief SIGNED . DATE SIGNED . ADDRESS 111 Penn ST., Balto., MD 21201	2	AT WORK AT WO	ORK	0.11.01.	On 1, 1 Anni, E 1	,	STREET			CITORIOW	4	CC	JUNIT		STATE
death resulted from Natural course M. Accident D., Suicide D., Hamicide D. Undetermined manner D., TITLE (SPECIFY) Deputy Chief SIGNED 8-4-87 EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201				f also as a secondar		1 11			TXI	[0.00		
EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201			A STATE OF THE STA	april 1								d in my a	pinian		
EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201		death resulted fram	Netural	coulet EC.	Accident	L.J., Suice			Undeter	mined man	ner .				
EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn ST., Balto., MD 21201			1	(2				(SPECIFY)	nief			DATE	5	2-4-8	7
(TYPE OR PRINT) Ann M. DIXON, M.D. ADDRESS 111 Penn ST., Balto., MD 21201		SIGNATURE	10	1	=		M.D. DCE	outy ci	WEDIC	AL EXAMI	VER			7 7 0	
NOTICES .	-	EXAMINER'S NAME	7 - K		14 D			111 7		300	0-14-	3.61		21201	
		(TYPE OR PRINT)	Ann M	. Dixon,	M.D.		ADDRESS	111 1	renn s	$\Sigma \Gamma_{\bullet J}$	Baito	· , M	D a	5TZ0T	
		Bunia	18	-8-87	H	יווצעולי	Men.	Park	Ar	buz	115	-		N	di
Bunial 8-8-87 Arbunis New, Park Arbunus Nd.	24 F	NERAL DIRECTOR	100	A A ADDRES				25a. DATE A	SECTION S	EGISTRAR	250 REGI	ST FREE	IGNAT	PRESCU	6
24 FUNERAL RIFECTOR PRESISTER 129 REGISTER 1		Kerelola	6746	allick	24317	5.00	017 St.	AUU	00	1301	0	- 4			
24 FUNERAL DIRECTOR 250 DATE REC DIST AR 3 SIGNATURE	-		1												_

Mail Blech Junit 08 19 M.C. T.S.B.

1800

MEAGE ...

Balbingne I of the State In It weren St. 81215

LIVER SHYESECH HINGING

27-01-0349 WILLIAM BLOCK P. Low St.

LEAST TOTAL SANTANG

Ellerial E 8-27 Arthorstones hark Phanes

2082 AUG	ODE	REGISTRAR LEASED NAME FIRST OR PRINT)		C	BROWN SR.	REG. N	MONTH DAY	y YEAR 25 HOUR 55:55	500
# 4 moy	3 SE	MALE	BLA	ek 4	TE OF BIRTH DE - 17 V.1.7	6. AGE (IN YEARS LAST B	YRS.	UNDER LYEAR IF UNDER 24	MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	ITY OR TOWN OF DEATH	76 CITIZEN OF	.S.H WIDO	RRIED NEVER MARRIED DWED DWORCED DWORCED	9. BALTIMORE CITY BALTI	MORE	1.1	M[
144		BALTIMORE AL RESIDENCE (IF NURSING HOME	LIBER	TY MEDICAL C	ENTER	(TYPE OF WORK FOR MOST	OF WOPPING LIFEL	INDUSTRY INDUSTRY	4
7 7 7	130	MD.	INTY	BALLO.	13d INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS	E. Nor	th Avenue	El
BOX	L	OhN VAS DECEASED EVER IN U.S. A	MIDDLE	Brown S	A HAHE !	MIDDLE ADDR	PESS	Show	0
S. Pool	1 4		IVE WAR OR DATES)	252-32-799	6 Gertrude	Johnson E	90 M	Adison Av	15
9000			SED BY ATE CAUSE (a)	CARBIO	-PULMONAY	1 ARKES	7		AI EATH
equires that the death cer signed by the attending. Then please remove carbo to burial, cremation, ar re njury, ar ather traumatic e	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O DUE TO, O	R AS A CONSEQUENCE O	cal Neck Su	GENT.	NDITION GIVEN	N IN PART 110	AI EAIH
in. In. In. In. In. In. In. In.	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	SP Radi	of BUT NOT RELATED TO THE TER	MINAL DISEASE OR COP	T20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?	
C(AN: The low requires that the death of physician. strikicate has been signed by the offendi ol-transit permit. Then please remove can that Hygiene prior to buriol, cremotian, are m 8 shaws any injury, or other traumati	ICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. CONDITIONS CO HOUR A. EP) P.	R AS A CONSEQUENCE O ONTRIBUTING TO DEATH ITION FOR WHICH OPERA FINJURY M. MONTH DAY YE M.	BUT NOT RELATED TO THE TER AT 216 HOW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN	WERE FINDINGS USED NG CAUSES OF DEATH?	
N. The law requires that the death systian. Cate has been signed by the offendi ansit permit. Then please remove can Hygiene prior to buriol, cremotion, as 8 shows any injury, or ather traumati	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 0	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS CC 19b. COND 19b. COND AATH P. 21b. TIME O HOUR A. P. 21e PLACE	R AS A CONSEQUENCE O ONTRIBUTING TO DEATH ITION FOR WHICH OPERA FINJURY M. MONTH DAY YE M.	BUT NOT RELATED TO THE TER AT THE TOTAL STATE OF THE TER AT	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN YES (WERE FINDINGS USED NG CAUSES OF DEATH?)?
PHYSICIAN: The low requires that the death reading physician. This certificate has been signed by the offendi he burial-transit permit. Then please remove can ad Mental Hygiene prior to burial, cremotian, and ar them 18 shows any injury, or other traumati		Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O CIFETHER NOTEY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK 220. I certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did) 22b. SIGNATURE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CC 19b. CONDITIONS CC	R AS A CONSEQUENCE O ONTRIBUTING TO DEATH ITION FOR WHICH OPERA FINJURY M. MONTH DAY YE M. OF INJURY IEEE FACTORY, OFFICE, FARM, ETC e deceased from 2	BUT NOT RELATED TO THE TER ATION WAS PERFORMED AR 21c HOW INJURY OCCU AR 21l LOCATION STREET 3. ond that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO CITYOR TO CITYOR	20b. IF YES, VIN CERTIFYIN YES (UPY IN ITEM 18 PART OWN 19	WERE FINDINGS USED NG CAUSES OF DEATH? NO NO COUNTY STAT	TE e) last
A ATENDING PHYSICIAN: The low requires that the death haspital or attending physician. NRECTOR. After this certificate has been signed by the ottendiched for use as the burial-transit permit. Then please remove care of Health and Mental Hygiene prior to burial, cremation, as them 21 is marked or Item 18 shaws any injury, or other traumati		Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O CIFETHER NOTEY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK 220. I certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did) 22b. SIGNATURE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. CONDIT	R AS A CONSEQUENCE OF CONTRIBUTING TO DEATH IT TO THE PROPERTY OF THE PROPERTY	BUT NOT RELATED TO THE TER AR 216 HOW INJURY OCCU AR 19 211 LOCATION 51REE1 DEGREE ATTENDING	YES NO RRED (ENTER NATURE OF INJ	20b. IF YES, V IN CERTIFYIN YES (UPY IN ITEM IS PART OWN . 19 date and haur o	WERE FINDINGS USED NG CAUSES OF DEATH? NO NO COUNTY STATE OF THE PROPERTY OF T	re E) last

		ST	ΑT	E O	FA	AAR	YL.	AND
--	--	----	----	-----	----	-----	-----	-----

2	2	-	- 3	2
6-	Con		Gent	
REG.	NO.			1

06	1863 AUG	7	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 2	2524
1	may be page 3 er death	(TYPE	CEASED NAME FIRSTME	٦	Bn	Brown	20. DATE OF DEATH	8 4 87 20 AM
3_	age 4 mc lirector, p burs after	3. SE	Male	Blach	5. DATE C	DAY 1935	6. AGE (IN YEARS LAST BIR)	YRS. MONTHS DATS HOURS MIN
	death. P		RTHPLACE (STATE OR FOREIGN DUNTRY) MD	USA	MARRIE WIDOWE	D DIVORCED	n. H.	COUNTY OF DEATH OOO CHY MD. ON 126 KING OF BUSINESS OR
21201	n by the		Daltin ore AL RESIDENCE (IF NURSING HOME OF	Sut Dati	MORE G	eroal Hospita	(TYPE OF WORK FOR MOST O	working life; INDUSTRY Factory
MARYLAND 2	hin 24 ho should be should be	13a. S	THER'S NAME	NTY A . I3c. CITY O		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS A	zip code 21223 rashliste ws Rd.
	ompletel		Abraham VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	Dalsy 17 INFORMANT	MIDDI E ADDRE	Herning ss
BALTIMORE	e be execu	n	A		30-6954	Mrs. Audre	y Brown S	ame as #13e
ST.	a physical can an action and action a		PART I. DEATH WAS CAUSE		avalo -	Respirator	y Arrest	BETWEEN ONSET AND DEATH.
PRESTON	e death and and and and and and and and and and and and and and and and		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	anced	Metastatic	Lung Care	irona.
201 W. I	that desse ial, cr		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON				
RECORDS, 2	equir in sign Then r ta b	TION	PART 2. OTHER SIGNIFICANT (510)588		7206. IF YES, WERE FINDINGS USED
ral REC	The law incon. The has been say permit given prior ghows any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY? YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL	SICIANS physical phys	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR	216. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUS	Y IN ITEM TB PART I OR PART ?)
DIVISIO	After the as the orked orked o	WED	WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,		STREET	CITY OR TO	WN COUNTY STATE
	ATTEND aspital a ECTOR: A d for use t. of Heal m 21 is m			/ E U	1987.0		death occurred on the do	ste and hour and from the causes stated
	TAL OR hy the hy the hy the hy the hy the detache tate Dep		22b. SIGNATURE	y 9 Tygi	4 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
	TO HOSPITAL (retained by the TO FUNERAL Established be detained by the Mark the State Elimpo RTANT; if		27d PHYSICIAN'S NAME (TYPE O	4. TYG,	ART	220 ADDRESS	sattinore 6	Fevral Hospital.
	BP		BURIAL, CREMATION, REMOVAL Cremation	8-4-87		ty Process		ille Balto, Mat.
	DHMH - 16 60M 7/84 (VRA 15, 4)	Cr	oneral director emation Soci	ety of Md.	Inc. B	alto. Md AU	G 5 1987	Julia Scriber Rudallo

The application of the second of the second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

I AUG	1-	FOR STATE E-GISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 REG. NO.	2 = 2 =
1 400	ATHE	ASED NAME FIRST OR PRINT! SAMUE	L J	BROWN, Sr.	20 DATE OF DEATH MONTH	10:87 2:35A N
# /	3. SE)	No ala	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1	70. B)	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 6 09	9. BALTIMORE CITY OR COUNT	Y OF DEATH
NA		OUNTRY) Va	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City MO
filed with	10. CI	Ba Himore	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST	RESING HOME OR OTHER INSTITUTION REST ADDRESS! LANGE GRA.	(TYPE OF WORK FOR MOST OF WORKING I	126. KIND OF BUSINESS OR INDUSTRY
and be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	ITY I3c. CITY OR T		13. STREET ADDRESS / ZIP COD 4117 ROCK+	ield ALL 3/3/
od 2 st	14. FA	Clarence	Brot	IS MOTHER'S MAIDEN NA. SUSIE	WIDDLE	ford
S. Pagel		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIALS E WAR OR DATES) 212-0	3-8300 Ruth G.	Brown 411	1 lockfield
emoral moral		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D RV.		older	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
How con		Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF ONE >10		
Then plee		couse tol, stating the underlying cause last	Due to, or as a conse	ouence of experien		
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
2 ows ony	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
ental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use a of Health		220.1 certify that (1) (this haspit	0/10	0.5	death accurred an the date and ha	
detached ate Dept. IT: If Nem		77h SIGNATU OD		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED E/14/CZ
should be det with the State IMPORTANT:		PHYSICIAN'S NAME (1114 O		North cha	les Huspin M	D
₩ 3 ₹	230 B	SURIAL, CREMATION, REMOVAL SPECIES		astview Mem. Pk.	Dundalk, Md.	COUNTY STATE
4 4044 7/84	24. FU	INERAL DIRECTOR	4000		TE REC'D. BY REGISTRAR 70 REGIS	RAIDS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) Wm C^MMarch F/H West 4300 Wabash Ave.

AUG 1 4 1987 Julia Districtor Pure 1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE /

					STAT	E OF MARYLAND					
377 SE		REGISTRAR				ICATE OF DEATH	REG. N		5 2	6	
	1. DE	CEASED NAME FIRST	M	IDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	% HOUR	
page 3 er death		WILLIAM		ROOSEVE	LT	BROWN	August	80	27 87	3:50p M	
urs after a	3. SE	x	4. RACE		5. DATE (6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATS	HOURS MIN.	
- 1		Male	Blac	k	Oc		79	YRS	7.0	MIN.	
الدغ		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	TY OF DEATH			
7 X		Chester, S.C.	USA		WIDOW		Baltimore	City	y, Md.	MD	
led	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OR OTHER INSTITUTION ICH FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPATION 12b KIND OF BUSINE				
note		Baltimore	300 M	t Holly	Stree	t	Steelwork	er	Ret:	ired	
be limit be	13a. S	AL RESIDENCE (IF NURSING HOME CONTACT		13c CITY OR TO	NWO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 300 Mt.	/ Zip co	DE CTROOT	21229	
8		aryland		Baltim	ore	YES NO		потту	Street	21229	
λ_{\sim}	14. F#	FIRST	MIDDLE LAST			15. MOTHER'S MAIDEN NAME FIRST MIDDLE				LAST	
		Nanuel		Brown		Emma	4005	-			
med	16a \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES				ADDRESS Fisher 2335 Lauretta Ave. 21				
U		No		149-09	-8/02	Shirley M. F	isner 2333	Laur			
#		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per l	ine for al, (b),	and ic	1			BETWEEN	MATE INTERVAL ONSET AND DEATH	
event, t		MAMEDIA									
notic	/	801	DUE TO, OR	AS A CONSEC	DUENCE OF						
froum		Conditions, if any, which gave rise to immediate	(b)	en	mpo	stuties				1200	
ather t		couse (0), stating the underlying cause last.	DUE TO, OR	AS A CONSEC	DUENCE OF	A CP Lila		1			
0.0		PART 2 OTHER SIGNIFICANT	(0)	NITRIBUTING T	O DE ATH BUIL	NOT DELAYED TO THE TEN	CC + JOVA	IDITION	TWENT IN DARK 1		
la d	Z	PART 2 OTHER SIGNIFICANT	2/ 1 de la	" "	CIN	L	MINAL DISEASE OR COM	IDITION G	IVEN IN PART TO	3	
ony .	CERTIFICATION	190 DATE OF OPERATION	19b CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	INGS USED			
o swo	IFIC						20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
4	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW INJURY OCCUP	RED (ENTER NATURE OF INS		Bussel	,,,,	
À	_	OR CONTRIBUTING CAUSE OF DE									
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P.A 21e. PLACE C		19	21f LOCATION					
	ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR T	NWC	COUNTY	STATE	
9		22a I certify that (I) (this hasp	pital) attended the	deceased from	- June	1094	in acres	1 27	19.8/	that (I) (we) last	
300		saw the deceased alive a	n 6122 7	7 19		nd that in (my) (aur) apinian	death accurred on the c	date and h			
tem 21		abave, (1) (we) (did) (did n 22b. SIGNATURE	of view the body o	ifter death.		DEGREE			22c. DATE	SIGNED	
		M	OX.	MEDICAL STA		Cla	4/847				
ANT I		ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT)								9 0	
IMPORTANT: IF		MArsh	A 7 8	rown.	1	844 m	Course D	4 2	1217		
<u>×</u>	23a. I	BURIAL CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	. 2	1 2 1 .		
		Burial	09/02/			ill Cemetery	Brooklyn	1, A.	A. °Co.,	Md. STATE	
	24 F	UNERAL DIRECTOR				21229 250 DA	TE RECIDEBY REGISTRA				
7/84	Ma	arshall W. Jone	es,Jr. FH	4101 E	dmonds	on Ave.	AUG 3 I 198	1	ulia Nevidus	V (9)	
(A 15, 4)											

All A. A. Blood and off the man-to

	1	Item #1	G 631 9/	2/87 cw	STAT	OF MARYLAND				
81	1.	FOR STATE REGISTRAR		DEI		EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 7	2	2 5	27
6 3 6 2 45 AUG 25	I DE	CEASED NAME OR PRINT) W)	FIRST U.I.Am	MIDDLE	Bri	own a	20. DATÉ OF DEATH	MONTH D	5 87	9:35 M
лоу of rer d	3: SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER TYEAR	HOURS MIN.
Part Par		RTHPLACE (STATE OR FO	REIGN 76 CITIZE	N OF WHAT COU	MARRIE	NEVER MARRIED	(1)11		OF DEATH	MD
10	1	AT TIMOR	LIENIO	E OF HOSPITAL, N TIN SUCH FACILITY, GIVE	IURSING HOME C	Gen My	12a USUAL OCCUPAT	OF WORKING LIFE		F BUSINESS OR
ND 212	13a. S	AL RESIDENCE (IF NURSING TATE	SHOME OR OTHER INSTI	13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?		/ ZIP CODE	Glen Bi	rnie A
MARYLA MARYLA MARYLA MARYLA MARYLA	37	THER'S NAME FIRST WILLIAM	MIDDLE	LA	si Som	15 MOTHER'S MAIDEN I	NAME		RI'EN	50 ~
BALTIMORE,		VAS DECEASED EVER IN res, no or unknown)	U.S. ARMED FOR	ATECI -	348698		Glen Burnî ^P , Brown 1516			21061
ST.,		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE	ise per line far (a),	DN PULI		mpist		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
1 W. PRESTON that the death of the the other date tenuments. or other traumorities. or		Conditions, if any, gove rise to imme cause (a), stating underlying cause	which diate		reage	careine	oma			
RDS, 20 equires 1 signed Them gle 10 faund injury, or	N O	PART 2 OTHER SIGNI	FICANT CONDITIO	NS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVE	EN IN PART LIC)
he law requirements to be seen ing the mental to be seen ing the mental to be seen ing the seen and the seen	CERTIFICATION	19a DATE OF OPERATION	ON 19b (CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
OF VITA ICIAN: T g physic: erificate iol-transi		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HO	IME OF INJURY UR A.M. MONT P.M.	H DAY YEAR	216 HOW INJURY OCC	URRED (ENTER NATURE OF INS	JRY IN ITEM 18 PA	ART 1 OR PART 2)	
DIVISION OF VITAL ALE PHYSICIAN: The other than certificate he of the thin certificate he of the thin the herical Hygien is and Meerical Hygien of heart at them 18 show	MEDICAL	21d INJURY OCCURRE	/AT HIS	PLACE OF INJURY OME, STREET, FACTORY, (OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE
TTEND or potal or use of Heol		22a.1 certify that (1) (1 sow the deceased		115	4-3 /	nd that in (my) (aur) apini	on death accurred an the c	late and hour		that (I) (we) last causes stated
AL OR the hor the hor the hor the horse leroche site Dep		27b. SIGNATURE	1 Pat	el		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	15/87
O HOSPIT Trained by O FLINER MADRITAN		PRAF	11 LL	PATE			. HAND	von	ST.	
BP		BURIAL, CREMATION, RI SPECIFY) Bur		20-87	Meadowr	EMETERY OR CREMATOR idge Memoria	1 Park Balt	imore	COUNTY	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director ter Funera	l Homes,	Inc. 250	I Gwynns	Falls Pkwy	ATE REC'D. BY REGISTRAF	256 REGISTI	RAR'S SIGNAT	notice .

(VRA 15, 4)

0643

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25%	CED		FOR STATE PEGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 2	2 5	2 8
J J 4	SEL		CEASED NAME FIRST		MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR P
oge 3		(TYPE	OR PRINT) BENJAM	IN		BRYA	N JR	AUGUST 26	1987	4:55,
poge er den		3. SE)	(4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR IF UNDER 24 HRS.
ector.		,	Male	Wh:	ite	Dec.	17, 1922	64	YRS.	HS DAYS HOURS MIN.
ol dir	871	70. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH
onero	22		rth East, Md	U.	S.A.	WIDOWE	D DIVORCED	BALTIMO		MD.
K	Coillied .	5	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A JOHNS HOP	ADDRESS)	OR OTHER INSTITUTION HOSPITAL	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Purchasing Man, Chemic		
filled in	936	130 S	AL RESIDENCE (IF NURSING HOME COL	NTY C11	13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🔥 NO 🗌	uestreet address /	zıp cope al Lan	e 21921
mpleret X	examine	14 FA	THER'S NAME Ben jämin Asb	űry Bry	yan LAST		15. MOTHER'S MAIDEN NA/	Bel.	le	Creswell
ond Co	2 Percent	160 W	VAS DECEASED EVER IN U.S. A	rmed forces?	215-16-		Doris H. B	ryan 60 Ca		ton, Md. 1 Lane
hysica physica popes	ent,		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY.		LEM IN	Coma			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
920	inc ev		IMMEDIA	TE CAUSE (a)			COMP			- dengo.
trend trend	O. O. O.	10	Conditions, if any, which	DUE 10, O	R AS A CONSEQUE	VM.	FATLURE			2 months
	chemos ther tro		gave rise to immediate cause (0), stating the underlying couse lost		R AS A CONSEQUE	NCE OF		Dron 6		2months
- B	build ury, or e	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C					DITION GIVEN	IN PART 1 a
requesen s	y inje	TIOI	METASTATIC	CARCINON		WARRAS	N WAS PERFORMED	20a AUTOPSY?	Table IF VEE 14/	ERE FINDINGS USED
on. on the box box	giene pri	CERTIFICATION	190 DATE OF OPERATION	Zns			hemodralpis	YES P NO	IN CERTIFYIN YES	G CAUSES OF DEATH?
CIAN: physic ertificate	em 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	ORPART 2)
or this control	and Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOV	WN	COUNTY STATE
TENDIN	21 is mor		220.1 certify that (1) (this hasp sow the deceosed alive o	n Aren	1.26 19	AUB 0	is 103_, 1987 and that in (my) (our) opinian	death occurred an the do	26 19_ ite and hour an	87, that (I) (we) last
hosp hed	He H		above, (I) (we) (did) (did n 22b. SIGNATURE	at view the body	affer death.		DEGREE	TALL T	Mar Jan Will	22c. DATE SIGNED
AL D AL D letoc	IT: If		Mohntals			MD.		MEDICAL STAF	F IAN 🗗	8/26/80
d by	S. A.		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	LINE S		22e ADDRESS Thes			
Da Ja	PORT N		M SMOR	MIL					M	1 1
TO FUNE	with the State	23o B	M SMON SPECT emation, REMOVA PET emation		-87 R.			1230 LOCATION		hëster Pä.

						18 1-
	O ALLEY I					
	+0	\$565.7	. Si G	ofida		
					.hb .t	
Participal Co.	P Shis Money					
15015 500			av/4.		1000	• 87
					Mades n	Linetani
And Inc.	them 60 mayed	. Događ	1051-31-	5 2 m3s	tro.k	827
			2 - 4-			

completely filled in by the funeral director, page 3 is and 2 shauld be filed within 72 haurs after death

within

that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires retained by the hospital ar attending physician.

STATE OF MARYLAND

8	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	O / REG. NO	2 2 5) a		
		CEASED NAME FRST OR PRINTI X 101 102 103 104 105 105 105 105 105 105 105	RACE White	Bryc S. DAFEC MONTH	H DAY YEAR	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 11 15PM IF UNDER 24 HRS HOURS MIN		
3		Montana	U.S.A.	MARRIE		Baltimore City Battimore City				
2	0	Baltimore	Mt. Vernor	STREET ADDRESS	Conter Conter	170. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS OR		
	13n S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUN'		RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE Ampolen AV	e. 21211		
0	14 FA	ATHER'S NAME FIRST N	DOLE LA	ST	15. MOTHER'S MAIDEN NA	WE	LA	ST		
	- 0 /1	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATEST	1 SECURITY NO. 26-1855	MT. VERNO!	N CARE CEN	SS NTER-			
.)	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DUDITIONS CONTRIBUTION 196 CONDITION FOR W	SEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1:			
	RTIFIC		1			YES NO	IN CERTIFYING CAUSES	NO		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TB PART I OR PART 2}			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
		220.1 certify that (1) (this haspite sow the deceased alive on above, (1) (we) (did) (did not	814		nd that in (my) (our) opinion	deoth occurred on the do		that (I) (we) lost couses stated		
		27b. SIGNATURE SW	uguer	D	DEGRÉE ATTENDING PHYSICIAN	MEDICAL STAF	FF.	SIGNED		
		A.C. EN RI	0	D	211 35 W		ere Ave	- 21215		
	- (BURIAL, CREMATION, REMOVAL REMOVAL REMOVAL REMOVAL	23b. DATE 8-5-87	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
		UNERAL DIRECTOR NAME State Anatomy		DRESS	3 0 DAT	8 1987	256 REGISTRAR'S SIGNA	TURE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

State Anatomy Board

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the afferding physician and classically be detached for use as the burial-transit permit. Then please remove causaringopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT, If them 21 is marked or Item 18 shows any injury, an other traumatic eyent, the medical medical process.

OFFICE SHEET THE TANK OF THE STATE OF THE ST

TO HOSPITAL OF

DHMH - 16 60M 7/8 (VRA 15, 4)

IMPORTANT, If them 21 is morked or them 18 shows any mjury, at other traumatic event,

06461

0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ZR	FOR TATE REGISTRAR				CERTIF	EALTH AND MENTAL HY	YGIENE	2 REG. NO	2 5	3 0		
		OR PRINT)	Dore		Bryr		O ROTHY	2a DAT	4		30 87	26 HOU	
	3. SE)	Female	4.	chite 5. DATE O				DAY YEAR			IF UNDER I YEAR	HOURS	24 HRS MIN.
34		RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5		BACTIMOR	E	Good S	amaritan	Hospi	tal	120 USU	JAL OCCUPATION WORK FOR MOST OF	ON OYED	126. KIND C INDUSTRY Hous		
5	13a. S	170	NO COUNT	THER INSTITUTION Y TORE	130. CITY OR TOW	N _	13d INSIDE CITY LIMITS?	92	EET ADDRESS /	- 0.	- 2/2	22	
C		Andrew	WI	F	ergusön		Magie	NAME	MIDDLE	Bou	ldins 'AS	7	
2	()	VAS DECEASED EVER I		ED FORCES?	9 2020 501				rwald 424 TrappeRoad 21222				
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AFDI A ARREST											DEATH
	N4		lediote g the lost.	(b)	AS A CONSEQUE	PSIS. ENCE OF WN (E) DEATH BUT	LACKE NOT RELATED TO THE TER	RMINAL DIS	ease or coni	DITION GIV	EN IN PART 1		
2	CERTIFICATION	190 DATE OF OPERAT	Kella!	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200 AUTOPSY? 206			IN CERTIF	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
9	1232	210. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTION OF CONTRIB	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					
-	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e PLACE (OF INJURY EET FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
		220.1 certify that (I) (saw the decease above, (I) (we) (di	d olive an	+125	19	97 , or	d that in (my) (our) opinio	, to _ on death acc	Surred on the do	ate and hour		that (It (v couses sta	.,
		226 SIGNATURE	Lad	ha l	Jus		ATTENDING PHYSICIAN 122e. ADDRESS	MEDIC DIRECT	CAL STAF	F IAN D	8/36	SIGNED 87	
			FA	DIA D	UNA		G000 -	SAMAR		HOSPI	MC		
	{	SURIAL, CREMATION, F SPECIFY) Burial JINERAL DIRECTOR	REMOVAL	236 DATE 9/2/			emetery or crematory wMemorialPar	rk	OCATION CITY OR TOWN	Bal	timore	MArsz	land
4		onnellyFun	eralHo	ome of 1	Dundalk 2	21222	SF.		BY REGISTRAR		RAR'S SIGNAT		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

0624

poge 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5 2 2

1 - STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REGINO.									
Tol	LEASED NAME FIRST	,	AIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
(TYP)	Dor	Dorothy		Buchholz		08	5 87	8 AM	
3 SE	EX 4 RACE		5. 1	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.	
Female		White		Feb. 28 1941		416 YRS			
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		16 CITIZEN OF WHAT COUNTRY?		MARRIED WANEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
W, Va. USA			Wi	DOWED DIVOR	RCED [Baltimore City MD			
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE SIRE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE)			H FACILITY, GIVE STREET ADORE	cott Key		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Housewife H			
130. 3	Md. Bal	VTY	130 CITY OR TOWN Balto.	13d INSIDE CITY I	D 🕏	STREET ADDRESS / ZIP CC 719 south -49	/ /	224	
1)"	ATHER'S NAME	WIDOLE	LAST	15 MOTHER'S MA		WIDDLE	LAS	1	
/	Arthur J. Griffith			Robe:	rta	Lee Hurst			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				17. INFORMANT ADDRESS				
	no 213-42-0370 Donald Buchholz 719south 49th Street21224								
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brain Leath						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NOI	Conditions, if any, which (b) toustent trail he ruration						36	8	
	gove rise to immediate cause (a), stating the underlying cause lost.			OF	. 0			5 1	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION	IN CERTIFYING CAUSES OF I							
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	161	M. MONTH DAY	YEAR 19 21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJURY IN ITEM I	B PART OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	PLACE (DF INJURY EET, FACTORY, OFFICE, FARM I	211. LOCATION STREET		CITY OR FOWN	COUNTY	STATE	
	220.1 certify that (1) (this hospital) attended the deceased from 7 27 19 87 to 8 19 87 that (1) (we) lost sow the deceased alive an 8 19 57 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
	226. SIGNATURE M D DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO DIR								
	22d. PHYSICIAN'S NAME (IVPE OR PRINT) R-Lewis Francis Scott kg7						7		
23a 8	BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 8/7/8		Lawn Cemeter		23d LOCATION CITY OR TOWN Baltim	ore Mar	vland	
	Connelly Funeral Home 300MaceAve. 21221 250 DATE REC'D. BY REGISTRAR 751 REGISTRAR'S SIGNATURE ADDRESS AUG 7 198								

STATE OF MARYLAND

AUG IT BUA

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

- STATE			CERTIF	ICATE OF DEATH	REG. N	O> -		
1 DECEASED NAME FIRST		MIDDLE	(AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
OCRIS	m.	BULLOC	K			09 0	רף רנ	7:33 a M
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	_	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WHI	(E	MONTH		68	YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D S NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
BACTE. MO	us	A	WIDOWE		BALTIM	CRE,	CITY	MD
10. CITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND (OF BUSINESS OR
BALTIMORE	MERI	CHEACILITY, GIVE STREET	MILT	CUS	HWF.	OF WORKING LIF	E) INDUSTRY	
USUAL RESIDENCE (IF NURSING HON 136, STATE	SE OR OTHER INSTITUTION DUNTY	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13. STREET ADDRESS		-	# 31314
14. FATHER'S NAME	DDur			15 MOTHER'S MAIDEN NA	ME			
ZOSESH	MIDDLE	FISHER	2	CATHERIUE	MIDDLE		TRACT	ESED
160 WAS DECEASED EVER IN U.S		166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	219-10-9	483	Mrs. Deanna	C. Smith 10	King	Charle	s Circle
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	(b)	LOI	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b IF YES	EN IN PART 1	NGS USED
RI					YES NO	YES		NO 🗌
OR CONTRIBUTING CAUSE O	FDEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE F.	ARM ETC }	ZII LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
220.1 certify that (1) (this h saw the deceosed alive above, (1) (we) (did) (did 22b. SIGNATURE	on QUA d not) view the body	ofter death.		19 de that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	.FF		that (I) (we) lost couses stated : SIGNED 7-87
CORAZON	(HE OR PRINT)	ARA-SO	ARE	27e ADDRESS 2947 57.	BULST.	BAL	T. UD.	2/2/8
230 BURIAL, CREMATION, REMOVE Burial				emetery or crematory	23d LOCATION CHYOR TOWN Baltimore	0	COUNTY	STATE

DHMH - 16 60M 7/84

etoined by the hospitol or TO FUNERAL DIRECTOR.

BP.

should be detached for use as the burial-transit permit. Their is with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT: If Item 21 is morked or Item 18 shows

(VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

efect a track out to be a feet a feet

70 5

and the second

Language of the Heltingraphy State of the Control o

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	0	197	7	
REG. N	- Com	5	0	they.

that (I) (we) lost

2b. HOUR

12% KIND OF BUSINESS OR

	S	÷	
	9	0	
	Ď	O	
	-	ě	
	ō	0	
	2	5	
	-	5	
	-	ř	-
-	0	72	-
	S.	C	-
	3	ع	
	0	3	
	÷	ó	1
	2	-	
	-	4	1
	100	å	9
	è	0	
	=	3	
	>	75	-
	0	N	-
	0	0	/
	0	5/	/
	D	7	1
	0	1	
	0	ŏ.	
	0	9	
	6	ú	
	Ü	e	=
	×	90	No.
	40	9	Ë
	CO	ō	0
	2	5	5
	5	0	
	He	0	0
	0	0	÷
	9	6	Ě
	-	N-	9
	à	Se	٠.
	TO	9	0
	9	0	5
	O	C	20
	10	Ě	0
	9	-	D
	å	Ē	-
	S	6	6
	20	0	C
,	0	5	50
	0	6	7
	=	-	=
L	-	-	5
D	9	371	0
,	un un	P	\$
	ŧ	9	B
	0	+	ō
,	+	S	5
8	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fynegal director, page 3	tached for use as the burial-transit permit. Then please remove carbanpapers. Pager Land 2 spould be filed within 72 hours after death	e Dept of Health and Mental Hygiene prior to Burial, cremation, or removal.
3	8	3	I
	5	ō	4
L	U	70	-
	RE	36	d
	0	10	0
		2	-01

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1. DECE ASEI		ley W		tte Sr	20 DATE OF DEATH	8 8	87	11:40
male		4. RACE white	5. DATE (6 AGE IN YEARS LAST BE		FUNDER TYEAR	HOURS MIN
10 CITY OR	Md. town of DEATH	75 CITIZEN OF WHAT COL TI S A 11. NAME OF HOSPITAL, ST Agnes	MARRIE WIDOW	OR OTHER INSTITUTION	- D-7-1-4	e City	125 KIND C	of Business o
Mary Mary	land Ba	ltimore Bal	ice before admission) OR TOWN timore	13d. INSIDE CITY LIMITS YES NO THE NOTHER'S MAIDEN FIRST	1208 Lee		LAS	ST
160 WAS DI (YES, NO		EIVE WAR OR DATES)			8 Leeds Te		e #2	,Md.
govi cous undo	ditions, if ony, which is rise to immediate (a), stating the orlying couse last.	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) (c) (CONDITIONS CONTRIBUTIONS	HSEQUENCE OF	Ches X Che	erminal DISEASE OR COM	nu.	N IN PART II	0
RTIFIC	ATE OF OPERATION		WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		NGS USED S OF DEATH? NO
OR CO	CCIDENT WAS UNDERLYING UNTRIBUTING CAUSE OF D ITHER NOTIFY MEDICAL EXAMIN NURY OCCURRED NOTIWHILE AT WORK	EATH HOUR A.M. MON	19	216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJ		COUNTY	31ATZ
770	ow the deceased plive of	pitol) ottended the deceosed in post view the body ofter dead	6	DEGREE	ion death occurred on the c			
23a BURIAL	JOHN C.	HEALX	23¢ NAME OF		PANCIS SVE	. Bos	Lyo, N	18212
Buri		Aug. 12.19			CITY OR TOWN		COUNTY	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s

The effective series of the se

MAN ACOUNTY OF THE PARTY OF THE

Africande de la company de la

TERITADES TO A SEEL BOOK . He plan to the later branching through the later to

LONG COLLEGE OF A STATE OF THE STATE OF THE

and the state of t

THE CALCAL NAME I I INS

nedical exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

SEP -	118	FOR STATE REGISTRAR	DEPARTN		EALTH AND MENTAL HYG	IENE 2	2 3 3	3	
	1. DÉ	CEASED NAME FIRST	WIOOFE	l.	AST		MONTH OAY	YEAR 26 HOUR	R -
+	{ TYPE	BETSY	1 B		223		1280	87 57	B M
	3. SE	×	1 RACE B 2	5. DATE C	F BIRTH DAY YEAR Z Z	6. AGE IN YEARS LAST	MONTHS	RIYEAR IF UNDER 2	24 HRS MINL
ance.		IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		ATH	
dot	1D. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE		120 USUAL OCCUPAT	MIRE	KIND OF BUSINES	MD.
	B	SALT	(IF NOT IN SUCH FACILITY, GIVE STREET	OS P	OF BALT	ITYPE OF WORK FOR MOST OF	F WORKING LIFE! IND	USTRY00-	
most be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, CWE RESIDENCE BEFORE 13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		213K	2075
iner.	14 FA	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	AE		7 / 6/4	70 40
75 X		Daniel Car		110	Josephin	WIDDLE		LAST	
Teg.		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	211	17 INFORMANT	ADDRE			
med		-0-0-0-0-0-	003-71.	-8426	DAUGTHE	8 2523	PARI	CHUS	
t, the		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), one D BY:	dien				APPROXIMATE INTERVETWEEN ONSET AND C	/AL DEATH
even			E CAUSE (0) CAPID	DPU	L MOMPI	ARRES	5		
ther traumation		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE		ONIA /8	EPSis -			
ury, or c	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN I	PART No	
s ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	DEGEN A	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH	
show	ERTI	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗌	
em.18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	THE HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR	PART 2)	
ked or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FJ		211 LOCATION STREET	CITY OR TO	wn co	UNTY \$17	ATE
is mor			tol) ottended the deceased from_	25/5	, 19. 8 7	to 8/2	19.8	7. tho (1) w	re) lost
em 2		obove, (I) (ye) (did) (did not	view the body after death.		d that in (my) (our) apinion d	leon occurred on the di		DATE SIGNED	led
± ::- 7		Maper	ron	M	ATTENDING PHYSICIAN	MEDICAL STAI	F _ /	8/2/1	87
MPORTANT		VOR PER	2120		Sihai	Sloop	. of	BAUT	
3		BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION	COIN	Y 51.	ATE
_	В	Burial	Aug 26,87 Md	Nat	Mem Pk.	Laure			
7/84		uneral director w Funeral HO	ne 4611 Park H	leigh		G 3 1 1987	Sulca Den		TO THE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

CT	AT	F	OF	AA.	A	DV	I A	M	r
31	PA E	ь.	vr.	177	м	В.	LA	w	Ł

2	9	-40	3	8
REG. N	0.4	()	0	0

000000			STAT	E OF MARYLAND		
062939 AUS	117-87R			IEALTH AND MENTAL HYGI	ENE	2 3 4 6
8	REGISTRAR EVELYN	R. BURGESS	CERTIF	ICATE OF DEATH	REG. NO	2 3 3 9
10	T. DECEASED NAME FIRS	1 - 1000		AU /	20 DATE OF DEATH	MONTH DAY YEAR 126 HOUR , O
The state of the s	62	lyn Du	ngez			8/12/87 7 PM
1 41	3. SEX	RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	IHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
3 25	Female	White		1 3, 1895 YEAR	91	YRS DATS HOURS MIN
1 1 %	OUNTRY		JNTRY? 8 MARRIE	D NEVER MARRIED	T 100	R COUNTY OF DEATH
122	Maryland	U.S.A.	WIDOWI	DIVORCED [Baltimore	MU
10 to a 10 to	Paltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI MASON F. L	ord Build	or other institution	170 USUAL OCCUPATION OF WORK FOR MOST O	
2 2 27	SUAL RESIDENCE (IF NURSING HO		CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE
2 11 1	Maryland Ba		timore	YES NO X	2000 0 De	Il Avenue 21237
1 15/12	TA)FATHER'S NAME		AST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
W 2 66/21	Charles		sch	Emmaline		Miller
W 10 10 10 10 10 10 10 10 10 10 10 10 10	160 WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT		302 Kenilworth Pk Dr
	No.	214-	74-6916	Mr. J. Wesley	y Jenkins	Towson, MD 21204
BAI	PART I. DEATH WAS CA	er only one couse per line for (a)	4	40/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
55		DIATE CAUSE (6)	sho enles	relieve hemo	nhore	does
0 4 900	- T	DUE TO, OR AS ACOI	NSEQUENCE OF		0 4	1
de control	Conditions, if any, whice gove rise to immediate		bring &	seulo Colinia	e obstere	bon flac.
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	cause (a), stating the	DUE TO OR AS A COL	NSEQUENCE OF			
right policy of the or o		(c)				
DS. Sand	PART 2 OTHER SIGNATION	NT CONDITIONS CONTRIBUTION		NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1 a
8 1117	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
2 2 2 2 2	26					IN CERTIFYING CAUSES OF DEATH?
E 50 110 %	210 ACCIDENT WAS UNDERLYIN	216 TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO	YES NO
A STATE OF	OR CONTRIBUTING CAUSE C					
S S S S S S S S S S S S S S S S S S S	(IF EITHER NOTIFY MEDICAL EXA	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		
MISS Of Proceedings of the Process o	WHILE NOT WHILE C	(AT HOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TO	WN COUNTY STATE
A STATE OF THE PERSON OF THE P	220.1 certify that (1) (this I	ospital) attended the deceased	l from		, to	
E 6332	sow the deceased only	e on 7/12/59	_19, or	nd that in my (aur) opinion di	eoth occurred on the do	ite and hour and from the couses stored
W 2 8311	77h SIGNATURE	1 11/11		DEGREE	/	22 DATE SIGNED
4 4886	(8	LO/Serton		ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [8/13/8)
5 9 4 4 5 ET	224 PHYSICIAN'S MAKE I		1	77e ADDRESS		
5 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	+ R (SURTO)	\vee			
55 5413	230. BURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	10,010
BP	Burial	08/15/1987	Loudon	Park Cemetery	Baltimor	e City, Maryland
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR			250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	Leonard J. Ruc	k, Inc. Baltim	ore, Mary	land AUG 14	1987 guille	widow-handele

with the least of manner of contribution Truly commend for the commend of the second

Lower to the Court of the Court

Defend with encits I was not be noticed that I'm

FOR STATE

9

executed within 24 hours offer

requires that the death certificate

ATTENDING PHYSICIAN The low ospitol or offending physician.

TO HOSPITAL ON ATTENI

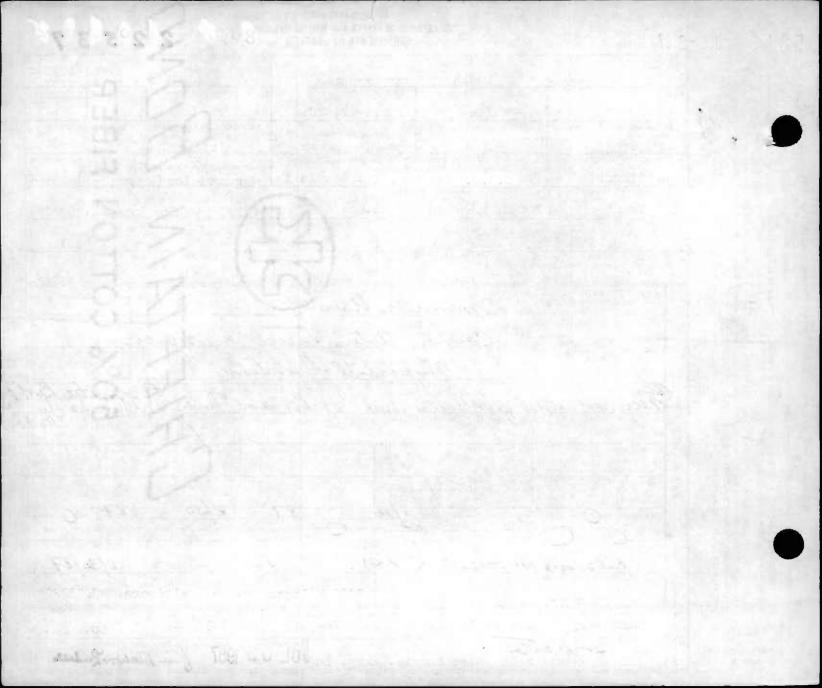
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	REG. NO.	2	2	5	3	7
_	_		-			-	

Raymond Edwin BURKENTINE 3. SEX 4. RACE White White White Whate W	- "	REGISTRAR			ERTIFICATE	OF DEATH		REG. NO.	2 3	3 /
Raymond Edwin BURKEMPTINE JUNE 30, 1987 1:30 SEX Male			WIDDS	.E	LAST				DAY YEAR	25 HOUR
SEX Male White April 172, 1918 Age inversion Month terms M			ed Edv	vin B	TRKENTTN	IF.	10.01 - 46	June 3	30, 1987	5:30
Male White April 17, 1918 69 vs.	3.						6 AGE (IN YEARS		IF UNDER : YEAR	IF UNDER 74 HRS
Mary Indicated Note No		Male	White		April 1	7, 1918		69 YRS	MONTHS BATS	HOURS MIN.
M9. VI and IS CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore South Baltimore General Hospital III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. STATE III. NAME OF HOSPITAL NURSING HOME OR OTHER HOSPITAL III. III. USAN OF GENERAL PROPERTY IN THE OWN OF THE PROPERTY IN THE PROPERTY IN THE OWN OF THE PROPERTY IN THE OWN OF THE PROPERTY IN THE PROPERTY IN THE OWN OF THE OWN OF THE PROPERTY IN THE OWN OF THE OWN OF THE OWN	7		76 CITIZEN OF WHA	AT COUNTRY? 8	MARRIED XI NI	VER MARRIED [9 BALTIMORE	CITY OR COUN	TY OF DEATH	
Baltimore Bouth South Baltimore General Hospital Bouth South Baltimore General Hospital Bouth Baltimore G	7		USA				Balt	iore Ci	tv	M
Baltimore South Baltimore General Hospital Supervisior (Ret)C&P Telephor 198 SIALE SHORE (FIRE AND CONTROL OF TRANSPORT IN 198 COUNTY 198 STAFE 198 STAF	-	CITY OR TOWN OF DEATH				RINSTITUTION	120 USUAL OC	CUPATION	126 KIND O	
Maryland B COUNTY LIMITED TO THE COUNTY LIMITS? Maryland B COUNTY LIMITS? Maryland B COUNTY LIMITS? Maryland B COUNTY LIMITS AMAGE 10. Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B County Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B County Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B County Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B County Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B Double Linthicum Hgts ves 10.7 Twin Oaks Road 21090 Maryland B D	9		South Bal	ltimore G	eneral	Hospital	Super	visior (Ret C&P To	elephon
Maryland A Co. Linthicum Highs with a control was read and read and read and a control was read and re			UNTY 13c.	CITY OR TOWN	113d INS	IDE CITY LIMITS?				11000
Paul R. Burkentine Anna Campbell No R. Burkentine Anna Campbell Its WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA NA DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO ITS INFORMANT (Wife) ADDRESS NO NA DECEASED EVER IN U.S. ARMED FORCES IN INFORMATION (WIFE) ADDRESS NO NA DECEASED EVER IN U.S. ARMED FORCES IN INFORMATION (WIFE) ADDRESS NO NA DECEASED EVER IN U.S. ARMED FOR INTERVIEW OF A DECEASE OF DEATH (WIFE) ADDRESS OF DEATH (WIFE	2		A A Co. Li	inthicum	Hgts VES [NOX	107 Tw			1090
NAS DECEASED EVER IN U.S. ARMED FORCES 18 SOCIAL SECURITY NO 17 INFORMANT (Wife) ADDRESS 18 SOCIAL SECURITY NO 17 INFORMANT (Wife) ADDRESS 18 CAUSE OF NA 19 C	14		WIOOFE	LAST	15 MO			IDDLE	IAS	1
TES. NO BURNELOWN 19 15 OFF WAR DROAMS 1212.05.5666 Hilda Burkentine Same as #13	CU								Cam	pbell
18 CAUSE OF DEATH Enter only one couse per line for 10, 10, and 10 PARTILIDEATH WAS CAUSED BY Wilker Coust 1 and Date Partilidear	7 11		GIVE WAR OR OATES)		7 11 11 11	ORMANT (Wil	fe)	ADDRESS		
DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if only, which gove rise to immediate cause for, storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONDITIONS of the Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION OF THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGION OF THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTION WAS PERFORMED 20% AUTOPSY?	K.	No	NA 21	12.05.566	6 Hil	da Burkent	tine			
DUE TO, OR & A CONSEQUENCE OF DUESTION DUE TO, OR AS A CONSEQUENCE OF DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUESTION DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE OF DUESTION DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQUENCE DUESTION DUESTION DUESTION DUE TO OR AS A CONSEQU		18 CAUSE OF DEATH (Enter	only one couse per line	for (a), (b), and ic	in	10			BETWEEN	MATE INTERVAL ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (c), storting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF LC LC DUE TO, OR AS A CONSEQUENCE OF LC LC LC DUE TO, OR AS A CONSEQUENCE OF LC LC DUE TO, OR AS A CONSEQUENCE OF LC LC LC LC DO LO LO LC DEFINITION DEFINITION DEFINITION DEFINITION DEFINITION DEFINITION DEFINITION DEPARTMENT OF THE ORDERSTIT DEFINITION DEPARTMENT OF THE ORDERSTIT DEPARTMENT OF THE ORDERSTIT OF THE ORDERSTIC OF THE ORDERSTIT OF				Intreal	ar U-	sess tall				
OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH P.M	7		trial Libra	lation	and (ngestre A	Least for	2 20b. IF Y	TIFYING CAUSES	OF DEATH
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COUNTRY (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCC	4	71n ACCIDENT WAS UNDERLYING	716 TIME OF IN	JURY	121c HC	W IN JURY OCCURR				ио П
220 L certify the (II) this hospital) attended the deceased from 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above; (I) we) (Idid) (Idid not) riew the body after death 22b. SIGNATURE 22c. DATE SIGNED 22c. D		OR COMPRESSION CHARGO	DEATH HOUR A.M.		YEAR		120 121121 111012	Of the Square and the same	2 - 741 (34 - 744 - 1)	
270 Learnify the (II) this hospital) attended the deceased from 19 27, and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (II) we) Idid (Idid not) new the body after death 19 27, and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (II) we) Idid (Idid not) new the body after death 19 27, and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (II) we) Idid (Idid not) new the body after death 19 27, and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (II) we) Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (II) we) Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date and hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date ond hour and Irom the couses stated above. (Idid (Idid not) new the body after death 19 27 and that in (my) lour) opinion death occurred on the date ond hour and Irom the couses stated above. (Idid (Idid not) new the body after death 1	1	21d. INJURY OCCURRED		NJURY						
226. BURIAL CREMATION, REMOVAL (SPECIF Entombment Jul 3, 1987 Cedar Hill Cemetery (Specif Entombment Jul 3, 1987 Cedar Hill Cemetery) 226. Date REGISTRAR'S SIGNATURE 227. Date decessed from 19 19 19 19 19 19 19 19 19 19 19 19 19		WHILE NOT WHILE	(AT HOME STREET F	ACTORY, OFFICE FARM	ETC)	STREET	C	TY OR TOWN	COUNTY	STATE
sow the deceased give on \$\frac{23}{3}\$ 19 \$\frac{4}{3}\$, and that in my our) opinion death occurred on the date and hour and from the couses stated above (1) we) (did) (did not) new the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D			spital) attended the de	ceased from	1/16	10 87	10 6	150	10 87	the (I) (we) le
226. SIGNATURE 226. DATE SIGNATURE 226. DATE SIGNED 226. DATE					, and that in	(my (our) opinion o	death occurred or	the date and h	out and from the	couses stated
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR		22b. SIGNATURE	not) riew the body afte	r death	DEGREE		/		22c. DATE	SIGNED
220. BURIAL CREMATION, REMOVAL SIDE AND SURFACE COLOR HILL COMMENTS SIGNATURE 230. BURIAL CREMATION, REMOVAL SIDE AND S		Klenn	am. A	not	MS.		MEDICAL		6/3	0/87
230. BURIAL, CREMATION, REMOVAL CASE TO THE COLOR OF CHARTERY OF CREMATORY CONTROL OF COLOR OF CHARTERY OF CREMATORY CONTROL OF CHARTERY CONTROL OF CHARTER		22d. PHYSICIAN'S NAME (11)	E OR PRINT)		22e AD		g o me e rom Eu		10/0	7-1
230. BURIAL CREMATION, REMOVAL JUL 3, 1987 Cedar Hill Cemetery BrookTyn Park A Co. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. By REGISTRAR'S SIGNATURE		DENNIE CMI	nti MD		34	55 Wilkens	avenue	Baltin	more, Md.	.21229
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	2	BURIAL CREMATION, REMOV	AL 23b. DATE	23c NAM	NE OF CEMETER	OR CREMATORY	23d LOCATIO	N		
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE		Entombment	Jul 3, 1	1987 Ceda	r Hill	Cemetery	BrookI	yn Park	A A Co	. Md.
Singleton Funeral Home Glen Burnie, Maryland JUL U 2 198/ Julia Diadon Padello	2		V.54			250 DATE	E REC'D. BY REGI	STRAR 256 REGI		
	4	Singleton Funer	al Home Gi	len Burni	e. Marv					



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

	- STATE REGISTRAR		DEI ARTH	CERTI	FICATE OF DEATH	RE	G. NO.		
	LEGENTO NAME	FIRST	MIDDLE		LAST	20. DATE OF DEA	H MONTH	DAY YEAR	2b. HOUR
	Pau	ıline	н.	Burk	ins	8-16-8	7		3:40A.X
3	SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	Whi	te	1, 001	-1901 YEAR	86	YRS.	MONTHS DAYS	HOURS MIN.
7	O. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	8	D. 1515	9 BALTIMORE CI		OF DEATH	
	Va.	U.S	Α.	WIDOW	DIVORCED DI	Balto.	City		44.0
t	O. CITY OR TOWN OF DEA	ATH 11. NAME (OF HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a. USUAL OCCU			OF BUSINESS OR
	Balto.		SUCH FACILITY, GIVE STREET A			Housewi		E) INDUSTRY	
+	USUAL RESIDENCE (IF NURS					Housewi	Le .		
1	Md.	13b COUNTY	Balto.	N	13d. INSIDE CITY LIMITS?	3537 E.	Norther		. 21206
1	4 FATHER'S NAME	MIDDLE	ĮAST.	M. 1	15. MOTHER'S MAIDEN NAM	ME		LAS	
7	Edgar	L.	Thompson		Ellen	MIDE		liner	
1	60 WAS DECEASED EVER			RITY NO.	17 INFORMANT	A	DDRESS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	217-40-19	35	Edgar S. Bur	rkins, Sa	ne as 13	3e	
		which nediote g the lost. (b)	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D C. L.	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR (CONDITION GIV	EN IN PART III	0
7	210 ACCIDENT WAS UNE	1	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	OF DEATH?
			E OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO		S CART I OR PART 2)	NO 🗌
4	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P.M.	19					
	OR CONTRIBUTING CO	MOH TA)	CE OF INJURY , STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (c	(this hospital) altended ed alive an did) (did not) view the oc	the deceased from	19.0	nd that in (mx) (our) opinion (death occurred on t	-		that (1) (we) last couses stated
	22% SIGNATURE	egaraSon	2/		DEGREE ATTENDING PHYSICIAN		STAFF IYSICIAN [8 - 1	7-87
	224 PHYSICIAN'S NA	(TYPE OR PRINT)		1 1 1	22e ADDRESS				
	Corazo	on Soares.	M.D.		2947 St. P	+2 [110			
2	30. BURIAL, CREMATION,			IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	8-20	-87 M	t. Ca	rmel	Balto.	Md.	COUNTY	STATE
2	24 FUNERAL DIRECTOR				I25n DAT	F REC'D BY REGIST		BAN'S SICINAR	OR ARE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

Leomard J. Ruck, Inc., 5305 Marford Rd.

AUG 18 1987. Julis Dundon Mark

.760.	(6-19-0)-40	enki	and .		9 87
		1007-6			
	e ID for Inc.				
	- sii waan		in a family make		
HEALT . 16"	mont for A viet		of Lot		. 1011
				1.1	
	militar, Soller on 17	I Brance I	FERT. 10.710		
			N. 10		
				Aura E	
	A Deal				

. of fed

Paragon Joseph

fromid .48 felici- Union

the brought Fuel . . was , sent . browned

	I_ Item	13a,b,c,d,	e, Film p		MARYLAND TH AND MENTAL	HYGIENE		
00			. H. MED	DICAL EXAMINER'S		OF DEATH /	REG. N2 2	5 3 9
63861 AUG	DECEASED NA	me FIRST Nat	han	MIDDLE	ırman	20. DATE KN OF E DEATH M	311 _ 0 0	21 1987 25 HOUR
PLEASE R FILES HOURS STREET	3 SEX	4. RACE	5 DATE OF BIRTH MONTH DAY		UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCE DEAD	MONTH 8-21-	DAY YEAR 2d HOUF 19 87 2:29
24 A S S S S S S S S S S S S S S S S S S	MALE Jo. BIRTHPLACE	WHITE	APR. 15,	IAT COUNTRY?	-X	9 BALTIMOR	RECITY OR COUNT	
S. S	POLAND	Y)	USA		rried 🐧 never mark owed 🗌 — divorg	RIED L	more City	
S S S S S S S S S S S S S S S S S S S	Account to the second	imore	Universi	PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS) TY HOSPITAL	THER INSTITUTION	FOR MOST OF WORKING	VE HOLL	126 KIND OF BUSINESS OR INDUSTRY Y POULTRY CO
AND 3	MARYLA	ND. BAL	LM BEACH	130. BOCAL PATON BALTIMORE	13d. INSIDE CITY LIMITS? YES NO	674 Lakes 13. STREET ADDRESS 7 Slade	600 25 40	Boca Raton, 21208
DEATH OF THE WO	FATHER'S NAME FROM KAD I	SH	BURMAN		15. MOTHER'S MAID	DA	SE'	TTLER
THAT THE THAT IN THE THE THAT IN THE THE THAT IN THE THE THE THAT IN THE	(YES, NO, OR UNK	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	MRS. ROSE		APT. 213
3 A REAL	NO TIR CAUSE	OF DEATH (Enter or	nly one cause per line	212-09-2333A	7 SLADI	E AVE. BA	ALTO, MD	21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 201 W. PESTONE HOULD BE EXECUTED WITH A HO RD "PENDING" IN PENCIL INTER- HIEF MEDICAL EXAMINE AUGNG OF HEATTH AND MENTAL INGERIAL RIAL, CREWATION, OR REMOVAL	Condit gave cause lying c	ions, if ony, which rise to immediate (a) stating the <u>under</u> - ause last.	TE CAUSE (a) GUIN DUE TO, OR (b) DUE TO, OR (c)	Shot wound of AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OIS		ART 1 is		
VULD B VULD B VI PENI EF AEI SED AS SED AS SED AS SED AS SED AS	NO 19a. DATE C	OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	I WAS PERFORMED?			2D AUTOPSY?
E SHOUL VORD "F E CHIEF BE USE BURIAL	THE STATE OF THE S							YES 🔼 NO
CERTIFICATE SHITING THE CONTROL OF THE CONTROL OF EASTHOLD BE EASTHOLD BE CONTROL OF THE CONTROL OF T	UNDERLYIN CONTRIBU	NAL CAUSE WAS	216. TIME OF HOUR A.M. 1:22PM	MONTH DAY YEAR	HOW INJURY OCCURR		IN ITEM 18 PART 1 OR PAIL	RT 2)
DIVISION OF VITAL RECORDS, NER: THIS CERTIFICATE SHOULD BE EXEC CATE. WRITING THE WORD "FENDING" FORWARDED TO THE CHIEF MEDICAL TOR: PAGE 3 SHOULD BE USED AS 8 BUT THE STATE DEPARTMENT OF HEALTH AN AND, 21201 PRIOR TO BURIAL, CREMATI	21d INJURY	OCCURRED NOT WHILE AT WORK	21e PLACE O	FINJURY (ATHOME, 211	LOCATION STREET 2500 Hollins	Street, Ba	altimore (city, MD STATE
TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BAALTIMORE, MARYLAND, 2.	22a. I ce deoth resu	rtify that I took cha ulted Irom New	rail states A	Aridon), Suicide	hapsy X, Inspection, Homicide X,	undetermined monn	and in my op	rinian
AL EX. HE CER HOUGE HOUGH MTH, W	ACTUAL SIGNATUR	· U	1.6	300	TITLE (SPECIFY) M.D. <u>Assistan</u>	MEDICAL EXAMIN	DATE ER SIGNE	8-22-87
O MEDIC KECUTE 1 AGE 4 SI O FUNEI FITER DEA	EXAMINER (TYPE OR P	RINT)		Kokes, M.D.		enn Street,	Baltimor	e,MD 21201
97/84 BP	BURIAL BURIAL	ATION, REMOVAL		RETH TSAA	OR CREMATORY C ADATH ISRA	23d. LOCATION AEL BALT II	MODE COUN	MARYLAND
ZOM	24 FUNERAL DIR		UG. 23 198 EVINSON &	7		REC'D. BY REGISTRAR		

63786

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0	-01		
1	1	and	Lake	[]
REG. NO	Fine .	9		U
REG. NO	D			

	1-	FOR STATE REGISTRAR		DEPART		73	1 6	2 5 4	0	
				MIDDLE	1	LAST			YEAR 26 HOUR	t
1414	TTYPE	SIDNEY		O. BUR	RNETT,	SR.		8 20 8	7	
3	SEX		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 2	
1		Male	Bla	ick	MONTH 2	1 98°	89	VRS	DAYS HOURS	M II
SK	lo BIF	EASED NAME FREST SIDNEY O. BURNETT, SR. Made I.E. ACCE S. DATE OF BRITH SIDNEY O. BURNETT, SR. Marked S. DATE OF BRITH SIDNEY O. BURNETT, SR. Marked S. DATE OF BRITH S. DATE OF DEATH MONTH DAY REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA I.E. ACCE S. DATE OF BRITH S. DATE OF DEATH MONTH DAY REGISTRA R	ATH							
THE PROPERTY OF DEATH EITHER OF INJURY 1. STATE REGISTRAR RECEASED NAME FIRST SIDNEY O. BURNETT, SR 3. SEX Male Black JA. BIRTHPLACE J		Baltimo	re City		٨					
			NG HOME C		12a USUAL OCCUPATE	ON 126. K	KIND OF BUSINES			
0	F	Balto.	2818	Riggs Av	venue				altimore	C
		TATE 136 COL	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)		136 STREET ADDRESS	/ 7IP CODE		
7	A EA			IBaito.			Z818 KIGGS	Avenue	21216	<u>) </u>
200	1 FA		MIDDLE	irnott LAST				Casia	LAST	
21	4- 14				LIRITY NO		ADDRE			_
	(1	ES NO OR UNKNOWN) IF YES G					. BurnettyS	ir 3210 W	V. Stratk	ám
		18 CAUSE OF DEATH (Enter of	inly one cause pe	er line for (o), (b), ar	nd ici	-21.0	Ame 1	DE.	APPROXIMATE INTERVETWEEN ONSET AND D	EAT
injury, or other	NOI	underlying couse last	(c)_		-(NOT RELATED TO THE TERM	Macy lic	Leuken DITION GIVEN IN P	ART IIO	
9	TIFICAT	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	1 OPERATIO	ON WAS PERFORMED		IN CERTIFYING C.		H?
1 4	1	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	A.M. MONTH D			RED (ENTER HATURE OF INJUI	RV IN STEM 18 PART 1 OR P	PART 2)	
Jopan /	MEDI				FARM ETC]		CITY OR TO	WN COU	INTY ST	ATE
27.11.00		saw the deceased alive of	no Aug	Rugh 70 19	J. J. 188		deoth occurred on the de			
17		ll.	47			ATTENDING PHYSICIAN	MEDICAL STAI	FF _ S	B-SS-	8
3		RUB	EN/	REIDE		7 744	5 FURMACE TIME	- EBRAT	yest Re	1
		BURIAL, CREMATION, REMOVA	8/23			US Mem. Pk.	CITY OR TOWN	MA	ir and Wish	ATE
-	_	UT I d I UNERAL DIRECTOR	0/23	7/0/	AI DUCE		Arbutus TE REC'D. BY REGISTRAR		IGNIATURE.	_
7/84	W	Im C March F. H	. West	4300	Waba	sh Ave. AUG 2		Danden Y	Porlate	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been shaded be detached for use or the busin transit permit. The with the State Dept. of Nealth and Mental Hygiene prior to

ATTENDING PHYSICIAN, The

The Property and the Abel & A supported by the second of t

SecurityProcessInc.

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

24 FUNERAL DIRECTOR

Cremation

Connelly Funeral Home 300 Mace Ave. 21221

8/11/87

250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNITURE

Maryland

Baltimore

T E THE

AUG 11 MGT KIN SUM

863h	M.	Ea	ul S		
063	h	2	AHG	ı	q

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYG	IENE / REG. N	2 2	3	4	2	
DIE	BURTON		20 DATE OF DEATH	MONTH 80	15	YEAR 87	26 HOL	JR 45
	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	(YADHTS	IF UNDE	RIYEAR	IF UNDER	R 24 HR
е	Oct. 10, 191		74	YRS	MONTHS	DAYS	HOURS	MIN
AT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
Α.	WIDOWED DIVORCED		Baltimo	re C	itv			N

TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF W West Virginia U.S.A. WIDOWED DIVORCED X CITY OR TOWN OF DEATH Baltimore Church Hospital

Whit

120 USUAL OCCUPATION 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unknown Unknown 13e.STREET ADDRESS / ZIP CODE

Maryland 4 FATHER'S NAME John

Male

FOR STATE EGISTRAR DECEASED NAME TYPE OR PRINT)

5EX

Joseph Burton

Margaret 166 SOCIAL SECURITY NO. 17 INFORMANT

ADVANCED ADENOCARCINOMA LUNG

YES X

15 MOTHER'S MAIDEN NAME

HEMOPTYSIS

Hill Oak Hill, ADWESS Va. 25901

21231

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one cause per

PART I DEATH WAS CAUSED BY

113b COUNTY

EARL

4. RACE

Baltimore

235-10-3972 Tyree Funeral Home, 999 Jones Ave.

116 S. Broadway

IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)
21d INJURY OCCURRED

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

WHILE AT WORK NOT WHILE 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC I

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION CITY OF TOWN

20a AUTOPSY?

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the bady after death

ATTENDING

and that in (my) (our) opinion death accurred an the date and haur and from the causes stated 221. DAJE SIGNED

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

226. SIGNATURE

22 ADDRESS

DIRECTOR PHYSICIAN

MEDICAL

HANDRA P. BELANI

CHURCH HOSPITAL BALTMURR

MPORTAN

DHMH - 16 60M 7/84 (VRA 15, 4)

should be

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

231 NAME OF CEMETERY OR CREMATORY Aug. 18, 1987 Blue Ridge Gdns.

Prosperity, Raleigh, W. Va.

ROBERT CR. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

STAFF

TO FUNERAL DIRECTOR. After this certificate has been signed by the attendore should be detached for use as the burial-transit permit. Then please remove employed with the State Dept. of Health and Mental Hygiene prior to burial, cremation as remove MAPARANT. If them 21 is marked or Item 8 shows any injury, ar other troumatic event, it

ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or ottending physician

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1		CEASED NAME	FIRST	MIDDLE	-	AST	2e. DATE	OF DEATH	MONTH DA	F 7	26 HOUR
1		6		-RUDG	12	USH		0	0	-/	M
3	SEX	1	4. F	ACE B	5. DATE O			(IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
7	a BIR	OUNTRY	299 76.	CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTI	MORE CITY O	R COUNTY C	FDEATH	1
d	12	BETIMOR		USA	WIDOWE			BALT	170	RG (Thy MD
	13.	ALT'IMO		NAME OF HOSPITAL		Strater institution		WORK FOR MOST O		INDUSTRY	F BUSINESS OR
	JSUA 13a S		NG HOME OR OTH	ER INSTITUTION GIVE RESIDE	OR TOWN	134 INSIDE CITY LIMITS	3? 13e STRE	ET ADDRESS	Proced	1 51	roer
1	4 FA	THER'S NAME FIRST	vc 6	W Bu	LAST W	15 MOTHER'S MAIDEN	VA &	w, w	1111	2 1 2 m	70
T		AS DECEASED EVER I	N U.S. ARMEL		IAL SECURITY NO.	17 INFORMAN	14/	BUSH		SPA	CA ST
Ī		PART I. DEATH W.	AS CAUSED B		1. /	mary A	inest	6		BETWEEN	MATE INTERVAL DNSET AND DEATH
			IMMEDIATE C	DUE TO, OR AS A CO	-	/	0				
		Conditions, if ony, gave rise to imm couse 101, stating underlying cause	ediate the	DUE TO, OR AS A CO	istatic	Orkinian	Corc	enon	a ,		10
1	z	PART 2 OTHER SIGN	IFICANT CON		ING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE OR CON	DITION GIVE	N IN PART 110	3
7	CERTIFICATION	19e DATE OF OPERAT	ION	196 CONDITION FOI	R WHICH OPERATION	N WAS PERFORMED	20s A	UTOPSY?		WERE FINDING CAUSES	
7		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c HOW INJURY OC	CURRED (ENTE	R NATURE OF INJUR	RY IN ITEM TO PAR	T I OR PART 2)	
	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE OF INJUR	Υ	2H LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		sow the decease	d alive on	ottended the decease 2/24 ew the body after dea	19 87, or	nd that in (my) (our) opin		urred on the de			
		The	0	14	A	ATTENDIN PHYSICIA		AL STAI		8/	4/87
		Young	S	1/.	an	22 gre	ene s	st.	Bal	t m	102120
	23e. B	URIAL CREMATION	REMOVAL	3b. DATE \$ 8 8)	231 NAME OF C	EMETERY GREMATO	4 /	SIY OR TOWN	mon	COUNTY M	2 2 STATE 2
	24 FU	INERAL DIRECTOR	all.	P Af ryn	ADDRESS & N G	1/mon 150	DATE REC'D.	BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE

And the second of the second o

MARYLAND 2120

STATE OF MARYLAND

DEF

ARTMENT	OF HEA	LTH AN	D MENTA	LHYGIENE
CE	RTIFIC	ATE O	F DEATH	Ö

TIFICATE OF DEATH	g /	REG 20. 2	5	4	4
Butler Butler	20. DATE O	F DEATH MONTH	DAT	YEAR	28 HOU

PE OR PRINT)	Book	Tavace BL
Male	4. RACE	5. DATE O

FIRST[[] • 1] •

E BIRTH

enter

& AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

INDUSTRY

78 BIRTHPLACE (STATE OF FOREIGN Maryland

REGISTRAR I. DECEASED NAME

75 CITIZEN OF WHAT COUNTRY?

MIDDLE

MARRIED NEVER MARRIED WIDOWED DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Unemployed

126. KIND OF BUSINESS OR

ID CITY OR TOWN OF DEATH Baltimone.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY 131, GITY OR TOWN Baltimore

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

113d INSIDE CITY LIMITS? YES TXX NO T

13. STREET ADDRESS / ZIP CODE St. 21231 15. MOTHER'S MAIDEN NAME

14 FATHER'S NAME Patrick

CERTIFICATION

18

PART I. DEATH WAS CAUSED BY

Buitlen 146 SOCIAL SECURITY NO

17 INFORMANT

Donovan

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

219-54-3053

Violet W. Butler 102 4th. Ave. Apt. 2 Burnie

Maria

APPROXIMATE INTERVAL

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost

AECUM WITH COLON CARCINOMA

MYOCARDIAL

DECUBITUS

190 DATE OF OPERATION

CONDITION FOR WHICH OPERATION WAS PERFORMED ERFORATED CAECUM 20a AUTOPSY? NON 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

YES [

21d INJURY OCCURRED WHILE AT WORK NOT WHILE

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)

211 LOCATION

STATE

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 8 - 4 - obove, (1) well and (did not) view the body after death.

DEGREE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

OLD FREDERICK RD

230 BURIAL CREMATION (SPECIFY)

27b. SIGNATURE

emeteri

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT ld b

> 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 901 S. Conkling St

063151 AUG 1987

ini. j Podenosovetne

Sax Described to the U.S.A.

a water and but sules like

the side of the fact that the fact the side of

062889 etely filled in by the funeral director, page 3 12 should be filed within 72 hours after death deoth. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

FOR

CHATE	DE	SA A D	YLAND
SIAIS	Vr	MAR	ILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUG 7 87EGISTRAR	CER	TIFICATE OF DEATH	8 / REG. NO	2 2 4	
1. DECEASED NAME FIRST	MIDDLE B	LAST	20. DATE OF DEATH	MONTH SDAY DIVE	THE SUR OF
cairn	HAZEL OG	FON.	U	HDAY) IF UNDER I	YEAR IF UNDER 24 HR
female W	1	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTI		ATS HOURS MI
M. BIRTHPLACE (STATE ORFOREIGN 76 CITIZET	N OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEAT	Н
Maryland		OWED DIVORCED	Baltimor	re City	
10 CITY OR TOWN OF DEATH	E OF HOSPITAL, NURSING HOMESS	0.01.	(TYPE OF WORK FOR MOST OF Seamstre	FWORKING LIFE] INDUS	nd of Business (Try ing Fact
USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION OF THE STATE HARVING HOME OR OTHER HARVING HARVING HOME OR OTHER HARVING HARV	131. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 789 Washin		, 21230
TA FATHER'S NAME FIRST George MIDDLE	Cavana	15. MOTHER'S MAIDEN NA FIRST Angela	ME MIDDLE	N	nills
160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DA	CES? 166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRE	SS	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	TO, OR AS A CONSEQUENCE C		MINAL DISEASE OR CONE	DITION GIVEN IN PA	RT 110
190 DATE OF OPERATION 196 C	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE F IN CERTIFYING CA YES [
196 C	IME OF INJURY UR A.M. MONTH DAY YI P.M.	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CA	NO [
190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED 210. PATENTIAL OF THE PROPERTY OF	IME OF INJURY UR A.M. MONTH DAY Y	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CA YES RY IN ITEM 18 PART I ORPA	USES OF DEATH? NO Rt 2) TY STATE
190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUT	IME OF INJURY UR A.M. MONTH DAY YI P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM, ETC.	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CA YES AV IN ITEM 18 PART I OR PA WN COUN 19 ofe and hour and from	USES OF DEATH? NO TO STATE TY STATE Ty (We)
196 CE 190 DATE OF OPERATION 196 CE 1	IME OF INJURY UR A.M. MONTH DAY YI P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM, ETC.	21c. HOW INJURY OCCUR 19 21f LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CA YES AV IN ITEM 18 PART I OR PA WN COUN 19 22c.	USES OF DEATH? NO TY STATE TY STATE , that (II (we) in the causes stated
196 CONTRIBUTING CAUSE OF DEATH HOLD OF CONTRIBUTING AT WORK A	PLACE OF INJURY UR A.M. MONTH DAY YI P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM ETI Hed the deceased from Hody criter death. EN ACIDIAL	21t. HOW INJURY OCCUR 19 21f LOCATION STREET Ond that in (my) (aur) aprinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 7444	YES NO NO RED (ENTER NATURE OF INJUR CITY OR TO: death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CA YES AV IN ITEM 18 PART I OR PA WN COUN 19 21c FF IAN 22c	USES OF DEATH? NO TO STATE TY STATE , that (I) (we) In the causes stated
196 CONTRIBUTING CAUSE OF DEATH HOLE 21d. ACCIDENT WAS UNDERLYING ACCIDENT WA	PLACE OF INJURY P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM ETC. Led the deceased from Body office death. Led the deceased from Body office death.	21c. HOW INJURY OCCUR 19 21f LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 744 OF CEMETERY OR CREMATORY	YES NO RED (ENTER NATURE OF INJURE CITY OR TO DETAIL STAFF DIRECTOR PHYSIC 236. LOCATION CITY OR TOWN 236. LOCATION CITY OR TOWN	IN CERTIFYING CA YES AVINITEM 18 PART I OR PA WN COUN 19 220 Die and hour and frai ETAN 220 FF CIAN 220 COUNTY COUNTY COUNTY	IN STATE TY STA
196 CONTRIBUTING CAUSE OF DEATH HOLE 216. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLOOF ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS	PLACE OF INJURY P.M. PLACE OF INJURY OME STREET, FACTORY, OFFICE, FARM ETC. Led the deceased from Body office death. Led the deceased from Body office death.	21t. HOW INJURY OCCUR 19 21t LOCATION STREET Cond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS 744 OF CEMETERY OR CREMATORY VIEW Mem. Park	YES NO RED (ENTER NATURE OF INJURE CITY OR TO DESCRIPTION OF THE DIRECTOR PHYSIC 1234, LOCATION	IN CERTIFYING CA YES AVINITEM 18 PART I OR PA WN COUN 19 Date and hour and from ETAN 220 FE COUNTY	IN STATE TY STATE TY STATE TO THE COUSES STOTE TO THE COUSES TO THE

DHMH - 16 60M 7/84 (VRA 15, 4)

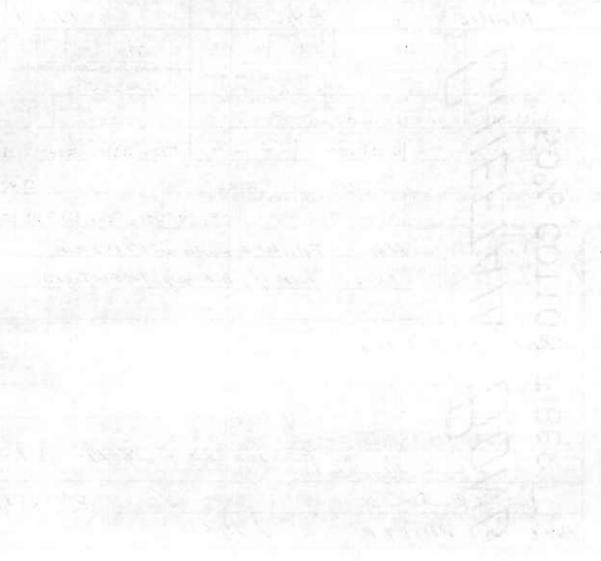
BP

AUG 14

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYG	ENE
CERTIFICATE OF DEATH	1

2 2	5	44	6
REG. NO.		- 3	4
F			

	1	FOR				OF MARYLAND			
063703 AUG	25	FOR STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. N		
* 1. The	TYPE	CEASED NAME FIRST ORPRINT MARIA	E	E.	By	RON.	20 DATE OF DEATH	8-19-87	2b. HOUR / 11.30 M
ge 4 mo ector, po	3. SE	x Female	4 RACE Whit	te	SEPT.		6. AGE (IN YEARS LAST BIR	THOAY) THUNDER LYEN MONTHS DAY	AR IF UNDER 24 HRS 5 HOURS MIN.
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore CITY C	City	MD.
by the fu	0	Baltimore	Libei	ty Medic	al Cer	rother institution ater	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOmemake	OF WORKING LIFE) INDUSTR	OF BUSINESS OR
AND 2120. AND 2120. AND 2120. And tilled in by nould be file incoming the nould be file.	130 9	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU!	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE HAR: CITY OR TOW Baltimor	N 1	13d. INSIDECITY LIMITS? YES NO	130 STREET ADDRESS 2720 Dill	on Street,	21224
MARYLAND within 24 oletely filled ad 2 should date from	20	THER'S NAME FIRST Joseph	WIDDLE	Saffra		15. MOTHER'S MAIDEN N FIRST Laura	MIDDLE	Ca	vey
BALTIMORE,			RMED FORCES? IVE WAR OR DATES)	218-01-		Charles E.	Herbert, Sr	., 1240 Ple	Drive asant Valley OXIMATE INTERVAL IN OMSET AND DEATH
GDS, 201 W. PRESTON S quires that the death cat signed by the ottending hen please remove carbe to burial, cremotion, or ra njury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE PNEUM R AS A CONSEQUE DNTRIBUTING TO D	NCE OF	A / LERIN	ARY INF	ection.	1:0
AL RECORDS, The low requir To be not significant to be seen significant to be seen significant to be seen so we say in jury in the seen seen seen seen seen seen seen se	CERTIFICATION	190 DATE OF OPERATION		-	OPERATION	I WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINE IN CERTIFYING CAUS YES	
DIVISION OF VITAL NG PHYSICIAN. The outending physicion ther this certificate h, os the burnol-tronsit p th and mental Hygier or the old show	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	m. month da m.	YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2	
DIVISION ING PHY Tottendin Os the bu Th ond M orked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, F	ARM ETC)	2H. LOCATION STREET	CITY OR TO		STATE
ATTENDIOSpitol or ospitol or use of for use of Heolism 21 is m		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	n 0-	19 2		that in (my) (our) opinio	n death occurred on the d	ote and hour and from t	he couses stated
SPITAL OR d by the P NERAL DIR De detoch E Store Dec	H	22d. PHYSICIAN'S NAME (TYPE	R-le ORPRINTI			ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF 1 C-	19-87.
TO HOSPITA retoined by TO FUNERA should be de with the Stot	730	BURIAL, CREMATION, REMOVAL		KER.	AME OF CE	A M C	1 23d LOCATION		
BP		Burial	8/24		adowr:	idge Mem. Pa	rk Elkridge		Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director bbard Funeral H	Home, Inc	c., 4107	2 Wilke	1.447	ATE REC'D. BY REGISTRAR	TOO KEGISTKAK'S SIGN	ATURE



injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

47%	440	-0	- 2	
")	.,	tra	113	. /
2	60	-	100	7
0				
DEC NI	2			

REGISTRAR				CENTII	ICATE OF	DEATH	REG	NO. "	-2			
DECEASED NAME	FIRST		MIDDLE		EAST	- 6	20 DATE OF DEATH		DAY	YEAR	26 HOU	
TIVE ON PRINTING	William	1	Henry		Calo,	Sr.		8	13	87	0249	am
SEX	4.	RACE			OF BIRTH		6 AGE IN YEARS LAST	BIRTHDAY	IF UNI	DER I YEAR	IF UNDER	24 HRS
Male		White		11	17	21	65	YRS	S. MOISTA	DATS	HOURS	MIN.
BIRTHPLACE (ST.	ATE OF FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVE	MARRIED -	9. BALTIMORE CIT					
Marylan	d	USA		WIDOW		DIVORCED [Bal	timor	e Ci	ty		M
CITY OR TOWN	F DEATH 11			URSING HOME	OR OTHER IN	STITUTION	12a USUAL OCCUP		12	LE KIND C	OF BUSINE	SSOR
Baltimor	re /	St.	gnes I	lospital			Charfe		G FILE) IIV	Bake	erv	
JOUAL RESIDENCE	IF NURSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE		A 124 INICIDE	CITY LIMITS?	12. CTREET ADDRES	S / 710 CC	205	0	10	he
Maryland	Baltin	nore	Arbut		YES T	NO X	13e STREET ADDRES	plar	Ave.	2	12	2%
FATHER'S NAME					15. MOTHE	R'S MAIDEN NAM						
John C		DDLE	tAS	1	Man	ria Love	MIDDLI			LAS	51	
	EVER IN U.S. ARME	D FORCES?	166 SOCIAL	SECURITY NO.	17 INFORA			DRESS				
YES NO OR UNKNOW		AR OR DATES	216-1	2-2426	Dolore	e Calo	1302 Popla	ar Ave	21	1227		
					POTOL	35 Caro	1302 10010	TE AVC	1		MATE INTEL	IAVS
18 CAUSE OF PART I DE	DEATH (Enter only ATH WAS CAUSED I	BY.	. 4.4	4 . 1	Tint	auctim			-			DEATH
	IMMEDIATE	CAUSE (o)	MYDE	andly	١١٠١١	arciion			\rightarrow	3/1	7/17	-
		DUE TO, O	R AS A CONS	SEQUENCE OF								
Conditions, i	f ony, which	(d)										
gove rise to	o immediate)								-		
couse (o), underlying	stoting the	DUE TO, O	R AS A CONS	SEQUENCE OF					- 1			
	1031	(c)										
	R SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BU	T NOT RELAT	ED TO THE TERM	INAL DISEASE OR C	NOITIDHO	GIVEN I	V PART 1	0	
	carcmo											
S 190 DATE OF C	PERATION	196 COND	ITION FOR M	HICH OPERATIO	ON WAS PERI	FORMED	200 AUTOPSY?			RE FINDI		
							YES NO		YES 🗌)	NO [
210. ACCIDENT V	VAS UNDERLYING	216. TIME C		. 6.11 15.16	21c. HOW	INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM	IB PART 1	ORPART 2)		
	IG CAUSE OF DEATH		M. MONTH	H DAY YEAR								
OR CONTRIBUTION (IF EITHER NOTE 21d. INJURY O			OF INJURY	19	21f LOCA	TION						
	NOT WHILE	AT HOME, ST	REET, FACTORY, O	OFFICE, FARM_ETC)	STR	EET	CITYO	RTOWN	(COUNTY		STATE
AT WORK	AT WORK			7 -	12-8-	,	2/12	187				-
	hot (1) (th			CALLED TO A TO A				107			that (I) (
sow the d	deceased when on	view he body	ofter death.	.19 0	and that in (m	y) (per) opinion o	death occurred on th	e dote and	hour ond	I from the	couses st	oted
776 SIGNATU	11/1	1		7	DEGREE					S DITE	SIGNED	7
B	Mon	My		V	ND	PHYSICIAN	MEDICAL SIRECTOR PHY	SICIAN		1/12	18	-
228 PHYSICIA	N'S NAME THE ORP	17			22e ADDR	ESS		- 11	,	1. 1		
1/2	12 /20	RML	BY		900	Pato	n Ave 1	Solt	5. /	nel	01	12
3a BURIAL, CREMA	-	TIB DATE	-	23c NAME OF	CEMETERY	R CREMATORY	234 LOCATION					
Burial		08/15	/87	New Ca			CITY OF TOWN	ore C	1 +	UNITY N.E.		STATE
4 FUNERAL DIRECT		00/15	1.0.1	INCW Ca		250 DAT	Baltim E REC'D. BY REGISTE	DIE C.	LCY	IVI6	aryla	ind
NAME				DRESS	21227	A 11/	C 4 A COSTA	Lilia	Durid	200		
Ambrose E	Tuneral Ho	ome, In	nc. 13	28 Sulph	ur Spr	ringl Au	0 14 1087	10		-		

DHMH - 16 60M 7/84 (VRA 15, 4)

0629!! AUS 1707

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 etoined by the haspital or attending physician.

063

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HELENS CERTIFICATE OF DEATH

2000 4110	-	REGISTRAR		14	REG. NO	
	40	ORPRINT) THOMA:	S CA	PERS	DATE OF DEATH MONTH	24 87 1,30 P M
Pog er de	3. SE			F BIRTH 6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE C	Slack 5	-15-7-3	LOH YR	MONTHS DATS HOURS MIN.
Po de de la			TIZEN OF WHAT COUNTRY? 8	NEVER MARRIED 9	BALTIMORE CITY OR COUN	
deoth	3	outh Cadina	WIDOWE	D DIVORCED		recity MD.
ofter of the t	10 €		NAME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
ours on the poets		AL RESIDENCE (IF NURSING HOME OF OTHER	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	1361141		21230
filled fould b	130	TATE 136 COUNTY	BALTIMORE	YES NO	Se STREET ADDRESS / ZIP CO	11 41
outhing 2 st	14. F	THER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAME	WIDDIE	LAST
ed o		Thomas	CApers	Bertha		JACKSON
ages edicot		VAS DECEASED EVER IN U.S. ARMED F		17. INFORMANT	ADDRESS	
S. Pag		No	Z50-Z8-E71	RebeccaC	apers 76	MCArroll St.
physici npoper emovol.		IB CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY	CEREBRAL	lascular F	risease	BETWEEN ONSET AND DEATH
ng p bon rem		IMMEDIATE CAL	502 10,	NJUNI-UK T	136632	
e cor			OUE TO, OR AS A CONSEQUENCE OF	tie CARDINI	rascular Di	sease
e off mov notic		Conditions, if any, which gove rise to immediate		THE CURPIUS	a suggest of	32 132
or the server crear crea		cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	310,0E		24 197 75
ned b		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART I (a
Then Then to b	NO					
hos been prior permit.	CERTIFICATION	190 DATE OF OPERATION	96 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. 4F IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ysicity ysicity Hygin Hygin	E E	1	16. TIME OF INJURY	21c HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng ph certifi rial-tr entol	14	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19			
HYS company or the	MEDICAL	21d INJURY OCCURRED 21	1e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
offer the sthe	2	AT WORK NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFFICE, FARM ETC)	07/17 07	08/1	/ 05
ADIN Se o		22a.1 certify that (I) (this haspital) at		11/19/01	, to /14	that (It (we) last
Pitol Pitol for t		sow the deceased alive on above, (I) (we) (did) (did not) view	the body after death	d that in (my) (our) opinion de	oth occurred on the date and	hour and from the causes stated
has has has hed hed hept.		22b. SIGNATURE		DEGREE		220 DATE SIGNED
TAL O the Cote of		Kucing.	you Heary	. PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/27
eroined by t TO FUNERAL should be def with the Stote		22d PHYSICIAN'S NAME (TYPE OR PRINT) KUANGO	YEN HUANG	BUNS	lours.	Hospital
F 6 E 2 3 ₹		BURIAL, CREMATION, REMOVAL 236	DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY
BP		Burial 18	3-27-87 Ceda	r Hill Cem.	Balto.	md.
DHMH - 16 60M 7/B4		JNERAL DIRECTOR	ADDRESS	AUG	25 1987	SISTRAR'S SIGNATURE
(VRA 15, 4)	10	mun-Thompson	F.H. 1913W	DA Ito.St.	0	

The state of the s

Intuitive to a second second

The target of the terms of the

A STATE OF THE STA

A Land Comment

ELE COMPANION DE LE COMPANION DE LA COMPANION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR MIDDLE 20 DATE OF DEATH 2b. HOUR LITYPE OR PRINTS Anna Cappelletti 5, 1987 Thelma August 8. M 5. DATE OF BIRTH 4 RACE IF UNDER I YEAR 1911 Female White February 4 76 JE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Maryland Baltimore City U.S.A. WIDOWED IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 3018 Chesterfield Ave. Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3018 Chester Address / ZIP CODE
3018 Chester Field Ave. 1136 COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland YES NO F A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Fohn MIDDLE MIDDLE Brand tas MARGARET Booker 21213 ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 212-28-8953 Cappelletti 3018 Chesterfield Ave. Frank 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: tre Cordin Desula Depin DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I II 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOR 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 12-30 saw the deceased alive on 0-4-87 and that in (my) (over) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN PLDIRECTOR PHYSICIAN F 22d PHYSICIAN'S NAME LITTE OF PRIN 22e ADDRESS Dr. John C. Hyle 7527 Belair Road Baltimore, Maryland M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Aug. 8,87 Burial Baltimore Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL old be defe

Leonard J. Ruck, Inc. Baltimore, Maryland

		Martin Ration		107
	Agadet 5, 1987	isto.	gant same	
	70	1911 A (1911	on stime	018104
	ji viji	*	.A.e.e	last yes
	#11weepor	1151S .9v0	ALellesterilein	E Library Letters
181	1018 Special Av	100	Entrance	basicion
		manageris.	26nardi	
	ileta John Chesteria	supau Knaga	212-26-0953	
Inni	Tool Maltisors, Mar	TORY Beleat	.E.H e	Her Mr. womn U. Hyl
	except tes			

J director, page 3 & hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	0		100	
	60	60	2	5	1
DEC	NO	Y			-

Ai	67	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	2 3 5 0
90		CEASED NAME FIRE	AVMONDE	C	ARR.	20 DATE OF DEATH MONTH	04 87 9 35 pm
	3. SEX	male	1 RACE 11 hate	S. DATE C	PE BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
2	7a BI	RTHPLACE (STATE OR FOREIG	1 1100	OUNTRY? 8 MARRIEI WIDOWE		BALTIMORE CITY OR COU	NTY OF DEATH
Sperified or	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOSTATE	OME OR OTHER INSTITUTION GIVES IN COUNTY 13 CITY	ence BEFORE ADMISSION) OR TOWN	138. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO	Prenier
	14 FA	ATHER'S NAME FIRST	Chinton (arc	15 MOTHER'S MAIDEN NA	Mau	Chaney
medita /		VAS DECEASED EVER IN U YES NO DRUNKNOWN) (IF	S. ARMED FORCES? 166 SOC VES. GIVE WAR OR DATES)	148.8781	George C	arr-Davids	soulle 21035
di i		PART I. DEATH WAS C	AUSED BY EDIATE CAUSE 10)	01, (b), and (c))	vic. SHock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other traumatic		Conditions, if ony, whi gove rise to immedia couse (a), stating to underlying couse la	he DUE TO, OR AS A C	VD			
- Kanjui vio Sa	CERTIFICATION	PART 2 OTHER SIGNIFIC PNE U MO 1 19a DATE OF OPERATION	VIA VENTR	TING TO DEATH BUT CULAR OR WHICH OPERATIO	- ARRHYTI		GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \extrem{\text{PIND}} \extrm{\text{PIND}} \extrm{\text{PIND}} \extrm{\text{PIND}} \extrm{\text{PIND}} \ex
Hem.18 sh		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX	OF DEATH HOUR A.M. MC	Y DNTH DAY YEAR 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
л 21 із то		sow the deceased at above, (1) (we) (did) (hospital) attended the deceasive on did not) view the body after dec	19, or		death occurred on the date and	
NT. # fren		22b. SIGNATURE	awus		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8-4-87
MPORTANT		BICH T	DUONG		LIBERT	MEDICAL	CENTEL
_	23a. E	BURIAL, CREMATION, REM	Augh 1987	1 Bald	EMETERY OR CREMATORY	23d. LOCATION CITY OR HOWN CITY OR HOWN	e AA. mb
7/84	No.	UNERAL DIRECTOR	eral Chapel	- Annar	and the second second	TE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
		4					

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please may the Stote Dept of Health and Mental Hygiene prior to burial, care

retained by the hospital or attending physician.

BP

(VRA 15, 4)

FOR

ALL THE STATE OF T

The glass transcript Cinegach Hamagains Aug 06 887 July 2015 1

		5 87
	1 12 . 12 . 10 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
Vicis 1.18 ombode iii.	- Chil	Free Strawn
	many of the management of	
	Sharper of the second	

V	1	FOR	DE		TE OF MARYLAND HEALTH AND MEN		25	5 2	
1	1-	STATE REGISTRAR		ICAL EXAMI	NER'S CERTIFICA	TE OF DEATH	REG. NO.		
64137 AUG 2	8 8	ASED NAME FIRST	CHARLES	C.	CARTER	0		7-31-87	26 HOUR
S TOWN	1.58	M B	5. DATE OF BIRTH	YEAR LAST BIRTH		OURS MIN PRONO	ATE ^ DUNCED EAD	8-5-87 ₁₉	7:35E
UBS STENDERTH IF ANY DELAY IS NECESSAS WITH FORM THE PRINCE AND 3 TO THE FUNERAL WITH FORM THE PUNERAL SHOULD BE FIED WITH ME CORDS. TO WE SOURCE FIED WITH ME CORDS.	III. C	PALLIMOTE HERS NOW WAS DECEASED EVER IN U.S. ES. NO. OR UNKNOWN) THE CAUSE OF DEATH (Enter	MEDDLE ARMED FORCES? VIEW AR OR DATES) Only one cause per line for	TAL, NURSING HOAD ITY, GIVE STREET ADDRESS NOrth AVERSIDENCE BEFORE AT 13c. CITY OR TY	**MARRIED NEVEL WIDOWED NE	R MARRIED BADON BA	CUPATION (TYPE OF WORKING LIFE) DRESS MIDDLE ADDRESS P.D.	COUNTY OF DEATH ity WORK 126 KIND OF BI OR INDUST BIMO, 2 LAST 731 Unit APPROXIMAL APPROXIMAL APPROXIMAL APPROXIMAL	1202
HALL RECORDS, 201 W. PRESTON SHOULD BE EXECUTED WITHIN 24 CHEF WEDICK! EXAMINER ALCO CHEF MEDICK! EXAMINER ALCO FEUSED AS A BURIAL - TRA-IST FER OF HEALTH AND MENTAL INFORM CREAL, CREMATION, OR REMOVAL	IFICATION	Conditions, if ony, whi gove rise to immedia cause (a) stating the und lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	Ch DUE TO, OR A: (b) DUE TO, OR A: (c) CONTRIBUTING TO DEATH BUT	S A CONSEQUENCE S A CONSEQUENCE T NOT RELATED TO THE TER	OF	IVÊN IN PARY 1 10	sase	20 AUTOPSY	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXCUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USEL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH WORE, MARYLAND, 21201 PRIOR TO BURLAND.	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	OF DEATH P.M. 21e PLACE OF STREET, FACTOR arge of the remains descri	MONTH DAY YEA 19 INJURY (ATHOME, RY, FARM, ETC.)	21f LOCATION STREET Autopsy , I Uicide , Homicide TITLE (SPE	nspection . Inqu	rrown ond i	YES TIORPART 2 COUNTY The my opinion DATE SIGNED 8-6-	STATE
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	23a.B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVA			1,M.D. ADDRESS	111 Penn		COUNTY S	STATE
07/84 BP		Removal UNERAL DIRECTOR NAME tate Anatomy	8-11-87 ADDRESS Z Board		250	DATE REC'D. BY REGIS	TRAR 256 REGISTI	· 30 000	3

AUG

or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shaws any

STATE OF MARYLAND

1-	STATE OF GISTRAR		DEPART		ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR 47
	Glady	5	E	Ca	rter		8-	7-87	12 AM
3. SE	X	4. RACE)	5. DATE (6. AGE (IN YEARS LAST I		MONTHS DATS	IF UNDER 24 HRS
	F	J.)	1	2-6-24	6	INS		
	RTHPLACE (STATE OF FOREIGN	1	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	VA	us	.,	WIDOWI		Bal	timor	-	MD.
)0 CÍ	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			BUSINESS OR
_	Baltimone	M	ency Hos			Homema	ken	-	111
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	altime	130. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO G	13e STREET ADDRESS	Broen		ighwale
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		1	/ /
/	COR RY.		WILLIA	75	1		0		
	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADD	RESS PL	USAUK	REN, MIN
	No		21334	6687	DR ROBERT	CARTER	375	5 ARE	YEL AV
	18 CAUSE OF DEATH (Enter o	nly one couse per	line for 101, (b), ar	nd ic .	. ^ \			BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (o)	Ventre	cular	any themes	S		3	homes
		DUE TO, O	R AS A CONSEQU	ENCE OF	0	1.4			
	Conditions, if any, which	(b)_	Presus	rect.	myocardial	eschema			
	couse (a), stating the underlying cause last		RAS A CONSEQUE	ENCE OF	la kardion	mosthe		1	month
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CO	NDITION GIV	EN IN PART 1	0
ON ON	Chimic obsta	uctive le	ing disin	39 .	congestive he	art failur	2	311	
CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEATH? NO []
CER		21b. TIME C	FINJURY M. MONTH D	AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH D	19					
MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM FIG.)	211 LOCATION	CITY OR	TOWN	COUNTY	STATE
Σ	AT WORK NOT WHILE	TAT HOME ST	REEL PACIONY OFFICE,	PARM EIC)					
	22s I certify that (I) this book	442 1 hr		310	19.87	, to8/	7	19_87	tha (I) (we) lost
	sow the deceased alive a abave (1)(we) (did) telebra	n ot>view the body	ofter death	87.0	nd that in my (our) opinion	deoth occurred on the	date and hou	or and from the	couses stated
	226. SIGNATURE				DEGREE			22c DATE	SIGNED
	Misein	e Me			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	8/	7/87
	274 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	4.1.0	- 44		
	M. Bein.	e mo			Mercy Hosy	etal B	alfino	re M	7 51505
	BURIAL, CREMATION, REMOVA (SPECHY) BURIAL	23V DATE	1/87 (ROW.	CEMETERY OR CREMATORY	23d LOCATION CROWN	NSVI	1 founty	mich.
24 F	UNERAL DIRECTOR)= S		25a DAT	E REC'D BY REGISTRA		PAP'S SIGNA	- State
16		Jouglas.	S 1701	mel	411055+ AUG	11 1987	7		

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

S	33		
DEPARTMENT	OF HEALTH	AND MENTAL	HYSIENE
CFF	RTIFICAT	F OF DEATH	720

2

- STATE REGISTRAR			CERT	IFICATE OF DEAT	H	REG. NO	130 150	
TYPE OR PRINT	FIRST	WIDDLE		LAST	2a DATE	OF DEATH MONTH		HOUR
	Vernic	ce G		Carter		August	26 1987 4:	:45P
FEMA		B LAC		E OF BIRTH	EAR	N YEARS LAST BIRTHDAY)	MONTHS DAYS HO	UNDER 24 HR
5 MARYL		U, S,	↑ MAR	RIED NEVER MARR	IED 🗌	ORE CITY OR COUNTY		,
Baltimon		(IF NOT IN SUCH FAC	ITAL, NURSING HON LITY, GIVE STREET ADDRESS) d General	E OR OTHER INSTITUTI	IZO USUA	OCCUPATION ORK FOR MOST OF WORKING NURSING A	12h KIND OF BUINDUSTRY	AMILI
	IF NURSING HOME OF OT	THER INSTITUTION GIVE S	RESIDENCE BEFORE ADMISSION CITY OR TOWN ALTIMORE	134 INSIDE CITY LI	40/	PENNSYL	DALTO, MO	, 212 APT
14 FATHER'S NAME SUPST	nes "	DDIE	RILEY	15. MOTHER'S MAI		MIDDLE	WALK	ER
160 WAS DECEASED (YES, NO OR UNKNO)		448 OR DATE()	SOCIAL SECURITY NO	O VERNA	L. Squi	RRELL SI	AME AS A	ABOVI
18 CAUSE OF	DEATH (Enter only	one cause per line	ar (a), (b), and (c)				APPROXIMATE BETWEEN ONSE	INTERVAL TAND DEAT
PARTI. DE	ATH WAS CAUSED	CAUSE (a) CAR	DIOPULMONA	RY ARREST			5 minus	tes
IN TO STREET OF C	BARATIBASEA.	Acute	GERMANICH OFERA	NOT RELATED TO THE STATE OF THE	200 AL	TOPSY? 20b. IF	YES, WERE FINDINGS RTIFYING CAUSES OF	USED
C C COLUZABIA	$24, 1987$ VAS UNDERLYING \Box IG \Box CAUSE OF DEATH	21b. TIME OF IN. HOUR A.M.	MONTH DAY YE	AR 21c HOW INJURY		NO KATURE OF INJURY IN ITEM		.0 []
216 INJURY O	CCURRED NOT WHILE AT WORK	P.M. 21e PLACE OF IN (AT HOME STREET F.		9 211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
220.1 certify t saw they abave, (1)	hat () (this hospita deceased alive on _ (we) (did) (dia act)	attended the de August 2	eased IromAugus 6 19 87	st 17 , 19 , and that in (my) (our)	87, to opinion death occu	August 26		メ (we) l ses stated
22b. SIGNATU	hail Oa	miano 1	10		IDING MEDICA	STAFF OR PHYSICIAN	221 DATE SIG 8/27/	
	N'S NAME (TYPE OR F	PRINT)		22e ADDRESS				
Mich	hael Diam.	iano, M.D		C/O	Maruland	General uc	cni+a7	
230 BURIAL, CREMA	TION, REMOVAL	23b. DATE 8/31/8	23c NAME C	UBURN CE	Em. 23d LO	General Ho	COUNTY	A STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

77 - 18 H H - 21

AND THE RESERVE THE RESERVE THE SECOND STREET, THE RESERVE THE SECOND SE

BANGE CALL TO CHANGE TO THE NEW OUT PRODUCE TO THE TOTAL

2000년 - 1000년 2010년 1일 전 시간 시간 1000년 12 전 1

2501 GRANNET RUS TRUCT SASTRA FIRE ZIETA AND 28 987 a.

0642

8

AUG

FOR

1

STATE	OF	MARYLAND
JIMIL	vi	MARILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	2	5	5	
REG. NO.	37	- 7		113	

	REGISTRAR					CERTIFICATE OF DEATH REG. NO.					-	7
1		CASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF D		DAY YEA	2 2b 1	HOUR
	(III)	Geor	dia	Vir	ginia	CE	EASER	AUGUS	T 27. 19	987	12	:45a M
	3. SEX			RACE		S. DATE C	OF BIRTH	6 AGE IN YEAR		IF UNDER 1 Y	E AR IF U	NDER 24 HRS
		female		black		MONTH 3	6 91	96	5 YRS		ATS HOL	URS MIN.
-1	70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTY) S. C. USA				WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	1	
Z					4	WIDOWE		DATE	TMODE	TMV		MD.
2					OSPITAL, NURSIN	SING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION					ID OF BUS	SINESS OR
5	-	BALTIMORE		MARYLA	ND GENERA	AL HOS	SPITAL	Retire	.d			
7	USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 136. STATE Md				N GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. INSIDE CITY LIMITS?			13e STREET AD 3802 C	DRESS / ZIP CO	venue 21	215	
	I4.FA	THER'S NAME		100			15. MOTHER'S MAIDEN NA					
7	504	Honry	M	IDDLE	LAST	1	FIRST		MIDDLE		LAST	
4	16- 14	Henry	NILLS ADA	ED EODCESS	Haze		Grace		ADDRESS		lazel	
		WAS DECEASED EVER IN U.S., ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR						2002 0-11				
		No			220-03-96	18	Agnes Poles	3802 Calloway Avenue				
		18 CAUSE OF DEATH	1 (Enter only	ane couse per	line far (a), (b), an	d (c)				BETW	ROXIMATE EEN ONSET	INTERVAL AND DEATH
		PART I. DEATH W		CAUSE (a)	ACUTE RES	SPIRAT	CORY FAILURE					
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (1b) PULMONARY EDEMA										
	gove rise to immediate											
		couse (a), stating	g the lost		R AS A CONSEQUE							
							STURBANCE					
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	5	GANGRENE OF THE LEFT LEG										
)	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	RTI								10	YES [0 🗆
-		21a. ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUE	TE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
1	AL	(IF EITHER NOTIFY MEDIC		Р.,		19	6 70 5					
7	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE			21f LOCATION		CITY OR TOWN	COUNTY		STATE
I	×	WHILE NOT WHI	ile 🗌	(AT HOME STR	EET FACTORY, OFFICE, P	ARM, ETC.)	ZIKEET	W	, III ON IO WIT	COUNT		31816
				al) attended the	e deceased from	AUGUS	ST 24, 19 87	to AUG	UST 27.	19 .8.7	- that	X (we) lost
		sow the deceased alive an August 27, 19 87 and that in MAX (aur) apinion death accurred an the date and hour and from the causes stated										es stated
		abave, (Kwe) (d	id) (dxilXiar)	view the body	after death.		DEGREE			22c D		JED Z
		lase	M	.2/20	Cedar	141	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF	8	127	187
		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT	A 4	01	22e ADDRESS			1	1	
		Vos	0'	3. V	alea	on	c/o MARYLAI	ND GENER	AL HOSPI	TTAL		
	23a B	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATI				
	(Burial		8/31,	/87 Ki	ng Memo	orial Park	Randal	1stown	COUNTY		MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H West 4300 Wabash ADRESS enue 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividson Pandace

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18	1
75	1
-	

2 5 5 7

,	1-	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	NO.	die -d	~	
į		CEASED NAME	FIRST	A	AIDDLE		LAST	20	DATE OF DEATH		Y YEAR	2b HOUR	
ĺ	("I A BE	OR PRINT)	AGGIE			CHA	AVIS	A	UGUST 5	, 1987		2:50	O PM
	3 SEX			RACE	1	5. DATE (OF BIRTH	6.	AGE (IN YEARS LAST B	SIRTHDAY) IF	UNDER I YEAR	IF UNDER 24	
		FEMALE		В	0	1	0/22/1810		97	YRS.			
P		RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED	0 0 1	BALTIMORE CITY	OR COUNTY C	OF DEATH		
	MA	ARBORO, S			S.A.	WIDOW			BALTIM				MD.
9	10. CI	TY OR TOWN OF DEA	JH 1		HOSPITAL, NUR		OR OTHER INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST			OF BUSINESS	OR
5	-	LTIMORE		HE JOH	INS HOL	PKINS	HOSPITAL		N/A	· ·	N/I	Α	
ř	13a S	AL RESIDENCE (IF NURSI	136 COUNT		130 CITY OR TO		13d. INSIDE CITY LIMIT	TS? 13e	STREET ADDRESS	/ ZIP CODE			
1	2	MD	~		BALTO.		YEX NO		603 E	MADISC	M AVI	E. 21	205
-	14.FA	THER'S NAME					15 MOTHER'S MAIDEN	NNAME					
998		PETER SP		DDIE	LAST		FIRST	UNK	MIDDLE		£A5	И	
5	16n W	VAS DECEASED EVER		ED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORMANT	UNK	ADDI	RESS		-	_
ı	(1)	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)									
	N	10	N/A		251-1	8-187	7 FLECIA	DIGG	S 1603	E MAI	ISON.		_
		18 CAUSE OF DEATH	AC CALIFER	DM							BETWEEN	IMATE INTERVA ONSET AND DE	ATH
1		PARTI. DEATH W	IMMEDIATE	CAUSE (a)	CARDIC	Pucheo	NARY ARR	2551			5	min.	
1					R AS A CONSEC								
		Conditions, if any,	which	(1b)_	11 0	_					72	hrs	
		gove rise to imm	nediate						1000				
1		underlying cause		DUE TO, OI	R AS A CONSEC		LAZNUTRITO	100			62	month	5
		DADI O GIVED SIGN	HEICANIA CO	(c)	SEUER		NOT RELATED TO THE		LI DISEASE OD COL	NOTION CREE	LINI DADT 1		
	No	PART 2 OTHER SIGN	VIFICANI CC	ONDITIONS <u>CC</u>	NIKIBUTING I	O DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR COI	NOTION GIVE	NIN PARI III	0	
Ī	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN		
	Ĕ							- 7	YES TO NOW	YES	ING CAUSES	NO T	
Ī	8	210. ACCIDENT WAS UND	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY OC	CCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T 1 OR PART 2)		
l	100	OR CONTRIBUTING	AUSE OF DEATH	1	M. MONTH								
ĺ	MEDICAL	(IF EITHER NOTIFY MEDIC		P.:		19	211 LOCATION						
١	MED	21d. INJURY OCCURR		21e PLACE (EET, FACTORY OFFI	CE FARM ETC)	STREET		CITY OR I	IOWN	COUNTY	STAT	TE
	-	AT WORK NOT WH	RK L			0							
		220.1 certify that ((1)						87	. to Cluyers			that Wwe	
		saw the decease abave (II) (we) for	a alive an_	Chy, uz	ofter death	87.0	nd that in my) (aur) op	inian dea	th occurred on the	date and hour o	and from the	couses state	d
		226. SIGNATURE	na) tolo hall	VIEW TIRE DOODY	Older Gedin.		DEGREE				22c. DATE	SIGNED	
		10	dun	Oh.	(mi	- 45	ATTENDIN PHYSICIA		MEDICAL ST.	AFF	8/3	5/87-	
	1	22d PHYSICIAN'S NA		PRINT			22e. ADDRESS	AN L	IKECIOK [] PHTS	ICIAN []	1	/ 0 /	
				M. C	0084			N 111	OZAT SI	- Bu	MAN	MA T	1200
	73n P	BURIAL, CREMATION,				3. NAME OF	CEMETERY OR CREMATO		23d LOCATION	120101	THORE	, 100 2	
	130. D	CREMATION,	KEMOVAL	AJD. DATE	4.	W. HANKE OF	LINETERT OR CREMATO	OKT	CITY OF TOWN		COUNTY	STA	16

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL

EASTVIEW 8/11/87

24 FUNERAL DIRECTOR

FOR

LEROY O. DYETT 4600 LIBERTY HEIGHTS

and the Palla

- STATE REGISTRAR DEN ASED NAME 20. DATE KNOWN X OF Chmielewski 8/ 26/10 Alexander DEATH MATED TO THE FUNERAL DIRECTOR.

IN PAGE 5 FOR YOUR FILES.

D. E.FILED, WITHIN 72 HOURS

FILES, WITHIN 72 HOURS

FILES, WITHIN 72 HOURS 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE LAST BIRTHDAY PRONOUNCED Aug. 12 1902 85 26/19 87 White DEAD Male 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED b Md. U.S.A. DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK Longshoreman Steamship Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 526 N. Linwood Ave. 13d. INSIDE CITY LIMITS? 13a. STATE 136 COUNTY 21205 Baltimore Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Kwicka Chmielewski Laura Joseph 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) Josephine Sobus - 6005 Sefton Ave. 21214 215-05-3275 IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY Multiple Injuries TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FUNCILLIMITEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PER AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH AND MENTAL HYGIER BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210. EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR subject pedestrian struck by auto 8:15 xx 8/ 26/10 87 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME III LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Fayette St. & Kenwood Ave., Balto. City, street 22a. I certify that I took charge of the runn Inspection and in my opinion death resulted from Tom cide Undetermined monner Natural cousts 8/27/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Md. Holy Rosary BURIAL 07/84 25M DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL HOME, INC. **DHMH - 17** (VR A15 ME (5)) 3331 Brehms Lane, Balto Md. 21213

STATE OF MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove corbanopers. Pages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, remanator, or remaval.

ne my be britied a good

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	5	5	4
11.1	- 53			- 00.

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	9	3:	
	CEASED NAME FIRST PRISCI		UPINSKI	CIO	TTI	20 DATE OF DEATH August 2		YEAR	26 HOUR
3 SE	Х	4. RACE		5. DATE C		6 AGE IN YEARS LAST BIR		DER TYEAR	IF UNDER 24 I
1	Female	White			10, 1900	87	YRS		
7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	Maryland	U.S.		WIDOWE	DIVORCED	Baltim	ore City	7	
Ba	altimore	(IF NOT IN SUC	2 E. Mel	rose	Ave.	120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENTAL COMMENTS OF THE PROPERTY OF THE PRO	OF WORKING LIFE)	26. KIND O NDUSTRY	F BUSINES:
73a S	AL RESIDENCE HE NURSING HOMI STATE 136. CC aryland		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltime	N	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS	zip code	21	212
14 FA	ATHER'S NAME Michael	WIDDIE	Ciupinsk	(i	Josephine	3) TOOLS	HAR	Jabo	wski
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	218-46-2		17 INFORMANT Priscilla Cic	ADDRE Otti 102 E.		. Ave	212
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per JSED BY:	line for (a), (b), and	d (c).1	Friters		-	APPROXI BETWEEN C	MATE INTERVA
CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	100 AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
RTI						YES NO	YES [NO 🗆
	? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DE INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)U	RY IN ITEM IB PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	2/-	Y N	COUNTY	5TA
		on_ not) view the bod	deceased from	7, or	nd that in my (our) apinion of	, to on the de	ote and hour and	from the	thou(II) we
	says the decease of se	00	129 " I	1	DEGREE ATTENDING	eoth occurred on the do	FF _	1	that (1) we couses state SIGNED
	27d. PHYSICIAN'S NAME (17)	on not invest the bod of PE OR PRINT)	eu h	1	ATTENDING PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSIC	FF CIAN [1	
73a F	226. SIGNATURE 226. PHYSICIAN SNAME (1) Stewart	on the bod of the bod	129 11 12 11 12 11 12 11 11 11 11 11 11 11		ATTENDING PHYSICIAN PARTS ADDRESS 3501 St.	Paul St. 2	FF CIAN [1	
23a. E	27d. PHYSICIAN'S NAME (17)	on the bod of the bod	129 12 CU h	JAME OF C	ATTENDING PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSIC	1218	22c DATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Mitchell-Wiedefeld Home 6500 York Road 21212

AUG 1 0 1987

			20
			1 57
	in the state of the		
		and The St	
			(engola
and we see a see a see	outdon milienia outb	1 1-11/1-	
63 -5/3-	dy la cin		
1.12/4	N	105 1.	
Maria de la companya della companya			321012
	3		E.F.

tr	AKI	MEN	ΙU	r HI	AL	IH	ANU	MENTA	LHTGI
		CI	ERT	IF	CA	TE	OF	DEATH	

	JG -	ACT TO SERVICE STATE OF THE SE					REG. NO.	6-
		CEASED NAME FIRST	MIDE	DLE	LAST		20 DATE OF DEATH MONTH	- 3
		Chren		1175	Clanton		8-3	-8/
	3. SE.	× M.J.	4 RACE BU	2_	5 DATE OF BIRTH	AY YEAR 7 24	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS BATS
19		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8		BALTIMORE CITY OR COL	JNTY OF DEATH
1/		COUNTRY) **			MARRIED NE	DIVORCED [Cit	/
10	10 C	B T TOWN OF DEATH		SPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND O INDUSTRY
14	USU. 13a S	AL RESIDENCE (IF		E RESIDENCE BEFORE		DE CITY LIMITS?	13e.STREET ADDRESS / ZIP (CODE
	14 FA	ATHER'S NAME				HER'S MAIDEN NAM	AE	
11		FIRST	MIDDLE	LAST		FIRST	WIDDLE	LAS
9		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECU	RITY NO. 17 INFO	RMANT	ADDRESS	
4	(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES!		MAS	ON LORD	NURSING HO	ME
		Conditions, if any, which	(0)	line bto	-0-00- h	,		
	NOIT	Seine	CONDITIONS CON	HTI	DEATH BUT NOT REL	new x	NAL DISEASE OR CONCILITY	Lo UI
	ERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION	CONDITIONS CON	TRIBUTING TO DELLA TO DELLA TO DELLA TOR WHICH	DEATH BUT NOT REL	ment &	200/ AUTOPS 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES
	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CON 196 CONDITION 216. TIME OF IT HOUR A.M.	TRIBUTING TO I	OPERATION WAS PO	ment &	200 AUTOPS 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES
9	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CON- 196 CONDITION 216. TIME OF IT HOUR A.M. P.M. 216. PLACE OF	TRIBUTING TO E HT I DON FOR WHICH NJURY MONTH DA	OPERATION WAS PORT OF THE PROPERTY OF THE PROP	ment &	200/ AUTOPS 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES
9		Cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 219. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220.1 certify that (1) (this has	I CONDITIONS CON- I 96 CONDITI	TRIBUTING TO E	OPERATION WAS PORT OF THE PROPERTY OF THE PROP	W INJURY OCCURR ATION STREET , 19	200 AUTOPS 120b. IN C YES IN C TENTER NATURE OF INJURY IN ITE CITY OR TOWN	IF YES, WERE FINDING CAUSES YES MIB RART I OPPRART 2) COUNTY
9		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	T CONDITIONS CON- 19b CONDITION 19	TRIBUTING TO E TRIBUTING TO E TO FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F Receased from	OPERATION WAS PO	W INJURY OCCURR ATION STREET , 19	200 AUTOPS 20b. IN C YES IN C ED (ENTER NATURE OF INJURY IN ITE:	IF YES, WERE FINDING CAUSES YES MIB RART I OPPRART 2) COUNTY
I semi zi is morkeo ci dem lo siones cu'i idolo co		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 18 EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	T CONDITIONS CONTINUE OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET) pital) attended the display of the body of the bod	TRIBUTING TO E TRIBUTING TO E TO FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F Receased from	OPERATION WAS PORT OF THE PROPERTY OF THE PROP	W INJURY OCCURR ATION STREET , 19	200 AUTOPS 120b. IN C YES IN C TENTER NATURE OF INJURY IN ITE CITY OR TOWN	IF YES, WERE FINDING CAUSES YES MIBRARI I OPRARI 21 COUNTY Hour and from the
I semi zi is morkeo ci dem lo siones cu'i idolo co		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	T CONDITIONS CONTINUE OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET) pital) attended the display of the body of the bod	TRIBUTING TO E TRIBUTING TO E TO FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F Receased from	OPERATION WAS PO	ERFORMED W INJURY OCCURR ATION STREET (my) (aur) aprilian of ATTENDING PHYSICIAN	200 AUTOPS 200. IN C YES 200 LENIER NATURE OF INJURY IN ITE CITY OR TOWN ., to leath accurred on the date and	IF YES, WERE FINDING CAUSES YES MIBRARI I OPRARI 21 COUNTY Hour and from the
O Andre Area and the Area and t	WEDICAL .	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	I CONDITIONS CONTINUES OF IT HOUR A.M. 216. TIME OF IT HOUR A.M. 216. PLACE OF (AT HOME STREET PITCH) attended the department of the body of the continue of the body of the continue of the body of the continue of the body of the bod	TRIBUTING TO E TRIBUTING TO E TO TO THE TO	OPERATION WAS PORT OF THE PROPERTY OF THE PROP	ERFORMED W INJURY OCCURR ATION STREET (my) (aur) aprisian d ATTENDING PHYSICIAN DRESS	200 AUTOPS 200. IN C YES 200 LENIER NATURE OF INJURY IN ITE CITY OR TOWN ., to leath accurred on the date and	IF YES, WERE FINDING CAUSES YES MIBRARI I OPRARI 21 COUNTY Hour and from the
I semi zi is morkeo ci dem lo siones cu'i idolo co	WEDICAL PROJECT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE ATWORK ATWORK 220.1 certify that (1) (this has all the control of the control o	I CONDITIONS CONTINUE OF IT HOUR A.M. 216. TIME OF IT HOUR A.M. 216. PLACE OF (AT HOME STREET) pital) attended the displant of the body	TRIBUTING TO DEPARTMENT OF FOR WHICH NJURY MONTH DA INJURY FACTORY, OFFICE, F deceased from	OPERATION WAS PORT OF THE PROPERTY OF THE PROP	ERFORMED W INJURY OCCURR ATION STREET (my) (aur) aprisian d ATTENDING PHYSICIAN DRESS	200 AUTOPS 20b. INC YES ED (ENTER NATURE OF INJURY IN ITE: CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN CITY OR TOWN	FYES, WERE FIERTIFYING CALL YES

	1					OF MARYLAND				
2766 416 1	47	FOR Item 5,6 Film	G630 8-13	-87 DEPARTI		EALTH AND MENTAL HY	BENE / 2	2 5	6	
2766 AUG 11	81	REGISTRAR per phone				ICATE OF DEATH	REG. N	0.	0	
me att		CEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
poge 3		BELL	5		CLARK		AUGUST 12	, 1987	2	:49 a M
£ 6 5	3 SE	× 1	4 RACE	1.7	S. DATE C	OF BIRTH 3-15-1897	6 AGE (IN YEARS LAST BI	ITHDAY) IF U		FUNDER 24 HRS
rector		remale	91	ack	-3	12 87	90	YRS		
2 2 d d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
deoth.	m	ullins S Caroli	4 M	SA	WIDOWE	DIVORCED [BALTIMO			MI
by the full with the factor of	10 C	TY OR TOWN OF DEATH BALITMORE	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHLITY, GIVE STREET AND GENERA	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT		126 KIND OF E	BUSINESS OF
24 hour filled in bould be filled in most be	130.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD		GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE	alton	Lus
within etely f 1 2 sho miner		THER'S NAME		Between	·	IS MOTHER'S MAIDEN NA	AME			- 1
om om or	1	George	MIDDLE	Fnda	14	Sis	MIDDLE		LAST	
5 0-		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECT	TRITY NO.	17 INFORMANT	ADDR	ESS		
Poget	1	YES, NO OR UNKNOWN) (IF YES GI	E WAR OR DATES)	212-22	- 1151	12cl	Clark	3108	& Leio	hton
he be	F	18 CAUSE OF DEATH (Enter of	ly one couse pe	r line for (a), (b), an	id (c).1				APPROXIMA BETWEEN ON	TE INTERVAL
E BACES		PART I. DEATH WAS CAUSE	D BY:	RESPIRATOR	RY FAI	LURE			4 days	
2 5.5.5	1	MMEDIA		OR AS A CONSEQU	ENCE OF					
. 9 2 5 5		Conditions, if any, which		NEUMONIA					13 day	S
of the yy the se rem cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	DR AS A CONSEQU	ence of			military.		
quires the signed b hen plea to buriol, njury, or o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
in The	CERTIFICATION	190 DATE OF OPERATION	119h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Lath IF YES W	ERE FINDING	SUSED
n. no perm	문	THE DATE OF CHERATION	170 COND	THOIT OR WHICH	OLEKATIO	T WAS TEN ORMED	YES T NO		G CAUSES O	
	E	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR				140 []
SICIAN: The physicic certificate uniol-transit tental Hygical tent		OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR					
ding ding	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE	OF INJURY		211 LOCATION				
then the ond	M	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE,	FARM ETC	STREET	CITY OR TO)WN	COUNTY	STATE
A P O O O O O O O O O O O O O O O O O O	1		tal) attended th	he deceased from	JULY	29, 10 87	AUGUS'	12, 19	87 the	of X (we) los
H 0 0 1 1		220 I certify that (X (this hasp sow the deceased alive or		19_	87 0	nd that in (my) (our) opinion	deoth occurred on the d	ate and hour or	nd from the co	uses stated
R ATT hospit IRECTC ept of		obove, (b/we) (did) (did) a 22b. SIGNATURE	view the body	offer death.		DEGREE			22c. DATE SI	GNED
- 0 % O =		a. p	Llun	sth	M.	O ATTENDING PHYSICIAN	MEDICAL STA		718	
eformed by the TO FUNERAL should be deto with the Stote I MPORTANT; If	1	228 PHYSICIAN'S NAME (TYPE	PRINT)	,		22e ADDRESS	_ DIRECTOR TITLS	-17(1)		
HOSP uned to FUNE wild be hothe S		PFLU6	RATI	h		c/o Maryland	d General Ho	spital		
01 01 × M	23a	BURIAL, CREMATION, REMOVAL		, 23c.	NAME OF C	EMETERY OR CREMATORY	1236 LOCATION	-1		
BP		SPECIFY BUT COL	8/17	127 1	nare	land Nat	GITY OR TOWN	-cl "	OUNTY	SPATE CO
	24 /	NERAL DIRECTOR	1 -1,1		1 -01		TE REC'D. BY REGISTRAN		R'S SIGNATUE	NE.
DHMH - 16 60M 7/84 (VRA 15, 4)	16	ames A /	rocton	1701-	Lau	en It ARD	13/87	La Devida	en-Hand	حاقل

NECT TO SECURE

(b 24

6.

	1-	w .		STATE OF MARYLAND	0	0 - 6 4
631961	AUG		D	EPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	43 /	2 3
		REGISTRAR			REG. NO.	
62		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
moy be	4	JAMES	A.	CLARK TIT	PUGUETI	3 1987 11:15
moy moy	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) J IF UNDER 1 YEAR IF UNDER 24 HRS
ige 4 mc rector, p	6	2101	1,111		YEAR	MONTHS DATS HOURS MIN
Page direc	70.0	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JUNE 8, 193	9 BALTIMORE CITY OR C	YRS COUNTY OF DEATH
	5	COUNTRY)	11 5 0	MARRIED NEVER MAR	RIED D CONTROL OF CONTROL	O
0 20	-1	ARYLAND	n.2.4.	WIDOWED DIVOR		S LITY MI
è 0 3 0	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTIVE STREET ADDRESS)	ION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
by the filed y	1B	ALTIMORE	5918 YORK	CAON GOOW		
24 hours illed in sould be must be	USU	AL RESIDENCE (# NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDEN	OR TOWN 13d. INSIDE CITY L	4	2133
filled in ould be must be	16	arylan -	RAI		5918 40R	
	14. F	ATHER'S NAME	1010	15. MOTHER'S MA		TOUR ROLL
3 90	2 3	FIRST	WIDDLE	KAST MARST	WIDDLE	G LAST
5 8	160	MAS DECEASED EVER IN U.S. A	PHED SODCESS THE SOCI	AL SECURITY NO. 17, INFORMANT	ADDRESS	K1002
n and camp Pages 1 an		YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)	AL SECORIT NO.	- LA PAR ARE	
e ca E/		125 W.	PIP TIM	033016 FAM	1,14 VECOROS	
certificate be ing physician rbangapers. F r remaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for to), (b), and ic	1 111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physic onpap emavo			ATE CAUSE (o)	VOLVIVOR - REFIN	usen Tilluca	usal
inding processing to corbon by or remarks and the corporation of the c			DUE TO, OR AS A CO	NISEQUENCE OF A	_	
deoth attendi		Conditions, if any, which	(15)	is lased	uios o	
the de		gove rise to immediate	10)	The state of	MT VI	
		couse (o), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF		
gned by ringleose buriol, cr			(6)			
n signed n signed Thempleo	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART Tro
- 0	CERTIFICATION		- lavel	es Mette	luo	
s been prior) V	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORME		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
The lo					YES NO	YES NO
SICIAN: The lang physicion. certificate has miol-transis per ental Hygiene per ental	7 8	210 ACCIDENT WAS UNDERLYING		ITH DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN	TIEM 18 PART 1 OR PART 2)
HYSICIAN ding ph is certifu buriol-fr Mentall	¥	OR CONTRIBUTING CAUSE OF DE	ININ.	19		
× F S G X = /	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	20000000	The Little Control
(A = = = 0 e)	E	WHILE NOT WHILE AL WORK	(AT HOME, STREET, FACTORY	(, OFFICE, FARM, ETC.) STREET	CITI OR TOWN	COUNTY STATE
art Ses		22a.l certify that (1) (this has	and attacked the decode	1	7/ 8/13	19 87 that its (Artfaut
ATTENDI ospitol or ICTOR. A d for use d for use n. af Heal		saw the deceased alive o		<u> </u>	Lapinion death occurred at the date	
OR ATTEN e hospitol DIRECTOR. oched for us Dept. of He		above, (I) (wei (did n	ot) view the body ofter deat	h.	population decim occurred on the date	
the hoss DIREC toched be Dept.		22b. SIGNATURE	1/20 0	DEGREE	MEDICAL STATE	22c. DATE SIGNED
			Logure	oung ATTE	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	10 AUG-14 198
- 0 0.00		274 PHYSICIAMS NAME (TYPE	OR PRINT	22e ADDRESS		
수 한 교육 등		DR VUDAGE	VU MGUY	50 1231	BELAIR ROAD	-BAIT: MARC
show with	23e	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREA	MATORY 123d LOCATION	212111010
DD	0	(SPECIFY)	13 15 W. W.	CT MANILY C	CITY OR TOWN	COUNTY CO STATE
BP	24.5	UNERAL DIRECTOR	18-11-18	121-11411972-60		ore l'ARYLAN
DHMH - 16 60M 7/84	6	NAME NAME	A 11-	DDRESS	25a DATE REC D. BY REGISTRAR 25b	KE GENATURE
(VRA 15, 4)	1	VANS CHAPEL	OFLHIMSS	2325 YORK KIAD	DO 10 8910	•

The state of the

Toro S L

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2	2	5	6	9
10.	(fire)	6-4			

YEAR

IF LINDER I YEAR

76 HOUR

IE LINDER 21 MRS

- STATE 063068

page 3

with

AUG

Poges medico P popers. certificate has ed and Mental Hygier 00 or Hem 40 Stote Dept +

CERTIFICATION

MEDICAL

23a. BURIAL

pe Id b with 0

BP

REGISTRAR TO ELEASED NAME CTYPE OR PRINT 3 SEX STATE OF FOREILIN CITY OR TOWN OF DEATH WAL RESIDENCE (IF NURSING HOME OR OTHER INS 136 COUNTY IN FATHER & NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 0 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ici PART I. DEATH WAS CAUSED BY

Canditions, if any, which gave rise to immediate couse (a), stating the

underlying cause last.

21d. INJURY OCCURRED

NOT WHILE

5. DATE OF BIRTH

YEAR MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

> 134 INSIDE-CITY LIMITS? NO [

9 BALTIMORE CITY OR COUNTY OF DEATH nove 12a USUAL OCCUPATION (TYPE,OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

NOF

CITY OF TOWN

(our apinion death accurred on the date and hour and from the causes stated

& AGE LIN YEARS LAST BIRTHDAYS

REG.

MONTH

20. DATE OF DEATH

126. KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE

15 MOTHER'S MAIDEN NAME 17 INFORMANT

21216

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUF TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 70a AUTOPSY?

710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

(AT HOME, STREET, FACTORY OFFICE, FARM ETC.)

19 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

COUNTY STATE

IN CERTIFYING CAUSES OF DEATH?

YES [

220 | certify that (1) (this hospital) ottended the deceased from sow the deceased olive on above, (1) (we) (did) did not view the bady after death 77b. SIGNATUR

IMMEDIATE CAUSE (a)

RACE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

16h SOCIAL SECURITY NO

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

NO I

23b. DATE

231. NAME OF CEMPTERY OR CREMATORY

SYDATE REC'D. BY REGISTRAR 25 RECIST 3 GNA

DHMH - 16 60M 7/B4 (VRA 15, 4)

77e ADDRESS

and that in (my)

DEGREE

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2564

C 1. 2	c i in	201		REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	VO.		
0 4 2	DI AU	الكراد	USE	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
	be 3 death	1)	NINNI	E	C,	CI	ARK		08 20	87	208 P M
2.	ge 4 mo) ector, po		3. SE	FEMAL	E	4 RACE BL	ACK	5. DATE (6. AGE (IN YEARS LAST B	MON	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Poor Hour	52	7a. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	dead of	1		ARYLAND		u. s	. A,	WIDOWI			DRE CITY		MD.
201	1	30		BALTIMORE		UNIVERS	THE OF M	TADDRESS)	ND HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST DOMEST	OF WORKING LIFE)	FAMI	
AND 21	124 hours			AL RESIDENCE (IF NURS) TATE MD	136 COUN		130. CITY OR TON	WN	13d INSIDE CITY LIMITS? YES 🔯 NO 🗍	13e STREET ADDRESS	ZIP CODE	BALTIN	nore, mo.
RYL	1 100		14LFA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	T
MA	1 15	3/-		GARFIE			JAME		MARY	EUZABE	TH	HOL	LAND
PRESTON ST., BALTIMORE	pung sales	opp /		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC 212-44-Z		17 INFORMANT MRS		RANDA		
MIT	3 34	2/		NO.					VENTRICE CU	AKK BETHEA	4626		
8 A	1	1		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or AS CAUSE	nly one couse per D BY:	line far (a), (b), o	nd to A	200			BETWEEN	MATE INTERVAL DISET AND DEATH
15/	1 2 1	9 2			IMMEDIA	TE CAUSE (a)	CARIN	AC M	2REST				
10	W	100				DUE TO, O	R AS A CONSEQU		ESTIVE HEART	FAN HOT			
RES	of de	Į.		Conditions, if ony, gove rise to imm	nediote	(b)	SEVERE	CONC	CSIVE REALT	TAICURE			
` ≥	by th	othe		cause (a), statin underlying cause		DUE TO, O	R AS A CONSEQU	JENCE OF					
201	ned to	0,		PART 2. OTHER SIGN	MEICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	ADITION GIVEN	I IN PART 110	7
	significant signif	Conlu	NO							The blocket on Co.			
I RECORDS,	has been promited and promited	10000	FIFICATION	19a DATE OF OPERAT	HON	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
VITA	N. T	5	CERTIFI	210 ACCIDENT WAS UND		110110	OF INJURY .M. MONTH D	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2)	
9	ACA BELL	1	M	OR CONTRIBUTING C		AIR	.M.	19					
DIVISION OF VIT	d Marie	37	MEDICAL	21d INJURY OCCURE			OF INJURY REET, FACTORY, OFFICE.	FARM FTC \	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
N	0 t + 10 t	1/	2	AT WORK NOT WH	RK R			, , , , , , , , , , , , , , , , , , , ,			unie l	1.	
-	Z - H 57	1		22a I certify that (I)	-	01		0-3	97- 19	to	,		that (I) (we) last
	A for	64		saw the decease abave, (1) (we) (c	ed olive an lid) (did no	9/20 at) view the bady	after death.	87.0	nd that in (my) (aur) apinion	death accurred an the	late and haur o		
	Dept Dept	1		22b. SIGNATURE		Da.			DEGREE ATTENDING	MEDICAL STA	AFF	22c. DATE	
	TAIL SAIL	Ž,					ums		PHYSICIAN	DIRECTOR PHYS	ICIAN D	8/20	187
	A PA	MPORTAN		22d. PHYSICIAN'S NA	BECKE BECKE				220. ADDRESS 22 S. GREENE	ST BALTI	MINOE	21201	
	H ID H	3					Lac				HORE	2121	
	DD			SPECIFY) BURI			1 - 1 4		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Da .	COUNTY	STATE
	BP	-	24 FI	INERAL DIRECTOR	146	18/2S	1170/1	RBUI	US MEM. RK	TE REC'D. BY REGISTRA	PLACT ME	R'S SIGNAT	PRYLAND
	DHMH - 16 60M			Nutter =	funberal	Hoder	7501 C	JUMPS 1	A1				
	(VRA 15, 4)			WALLET !	200	C ITOMCS,	L) 01 0h	7/11/2 1	Alls 1 way RIG	20 000	The King		4000

TAKEN YEAR SETIEN YEAR NEWGOOD NO many and the son Reserved of the American Co. 250 Persons and the in by the funeral director page 3 be filed within 72 hours after death

24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	2	2	5	
ATE OF	DEATH	MONTH	DAY	No. of	YEAR	2b

0	1 - 87	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	225	, .
		CEASED NAME FIRST OR PRINT)	Theresa Clark		LASI	August 24	1987	Zb. UR M
	3 SEX	F	4 RACE W	5. DATE Feb	OF BIRTH 14, 1897	6 AGE LIN YEARS LAST BIR		IF UNDER 24 HRS
7	7a. 81	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU USA	MARRII WIDOW	ED NEVER MARRIED DIVORCED	Baltimore city o	City,	MD.
	10. CI	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 6117 Edlyn:	E STREET ADDRESS)	OR OTHER INSTITUTION	(Type of work for most o Homemaker		BUSINESS OR
-	13a S	AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN	ITY I3L CITY O		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / 6117 Edlyr		1239
2	14 FA	THER'S NAME FIRST Alois S	MIDDLE LA Bittka	ST .	15 MOTHER'S MAIDEN NAM	la Palatar	LAST	11
		VAS DECEASED EVER IN U.S. ARI (15, NO OR UNKNOWN) (15 YES, GIVI	E WAR OR DATES)	8 5 32 8	Mr. Louis Th	addre numan 6117	Edlynne Rd.	21239
	2	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION	ISEQUENCE OF	T NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	GS USED OF DEATH?
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBDAYE, (I) (I/We) (did) (did go) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF TOR NAME)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, tal) attended the deceased	19 OFFICE, FARM ETC) from 19 19 M	211 LOCATION STREET and that in (my) (aur) apinion of DEGREE ATTENDING	CITY OR 10	un COUNTY 19 th ate and haur and from the co	
		Burial Burial	23b. DATE 8/26/87	23c. NAME OF	CEMETERY OR CREMATORY Redeemer	23d LOCATION CITY OR TOWN Baltimor	re, Md.	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attendi should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene priar to burial, crematian, a

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the haspital or attending physician.

injury, or other troumatic

MPORTANT: If Hem 21 is marked as Item 18 shows any

FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

ALIG 26 1087 Sulia Durilan Pandase

, ,								
	24, 10.							
		. 1 - 1						
	oli or itr,							
	j 6 3.0			T.	alti ore			
essis	17 27 20		alti ome					
	- Atter	i~s		s it a	101			
2212	-m-1 11 c	~. ^ is	12 55	D	0			
		The same						
		1 84	3000 E					
			15. 5 A					
	- 18 m	rest Ave						
		100						
19/1-14	Carlot Car		A. I	-30.10				
475.00	1 - 1 - 1 - 1				415.514			
		10/80/15	0		ī ia			

AUG 26 Mar Julian Rolling

DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

62664 AUG	13	FOR GITE NEGISTRAR			DEPA		ICATE OF	MENTAL BYG DEATH	IENE	2 2 REG. NO.	5 6	6		
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	EATH MONTH	DAY	YEAR	26 HOUR	
poge 3	{ 1YP	OR PRINT)	EL	MIRT	4 V.		CLAT	RKE		9	9 8	37	7.0 SAM	
hou sod	3. SE	X		1 RACE		5. DATE O	OF BIRTH		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS	
offe.		FEMALE				MONT			1 40			INTHS DATS HOURS MIN.		
0 1	Breat	IRTHPLACE (STATE OR	THE CITIZEN OF WHAT COUNTRY?			08	9 BALTIMORE CITY OR COUNTY OF DEATH							
A AR RA		COUNTRY) MD CITY OR TOWN OF DEATH BALTIMORE		U.S.A. WID 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES		MARRIE	MARRIED NEVER MARRIED		BALTIMORE CITY 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			MD		
13/11/20	10 C					NURSING HOME OR OTHER INSTITUTION						126 KIND OF BUSINESS OR		
(4) 44 (4)												INDUSTRY		
2 2 4	USU	AL RESIDENCE (IF NURS		IBERTY MEDICAL CENTER RINSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS				C001			N/A			
should b	130	MD	13b COUN		BALTI	OWN	YES X	NO 🗆	2328 1	MADISON		2121	7	
	14. E	ATHER'S NAME FIRST	A	AIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE	MIDDLE		LAST		
1000		ROBERT			HOLMES		ALICE					WATSON		
Poges (WAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT		ADDRESS				
S. Pog		NO			134-18		ALVA K	CARLAND	84-19	51st AV				
A Sport		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:									B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NII				E CAUSE (o)	CAR	-010 hr	(Lnuor	VARY	ARRE	ST				
1 6 6		DUE TO, OR AS A CONSEQUENCE OF												
1000		Conditions, if any, which (16) SEPSIS												
the second		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
d by th lease re ial, crem ar other		underlying couse lost.												
signed hen pli na burit ijury, a	Z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN F	ART 1:a	0	
permit. The prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITE			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO						
certificate has sirial-transit per ental Hygiene them 18 shows	1 1 1	21a, ACCIDENT WAS UNI	DERLYING				21c HOW II	VJURY OCCURE				PART 2)		
phys trifico Hol Hy m 18		OR CONTRIBUTING			M. MONTH									
buriol-i Mentol or Hem	MEDICAL	(IF EITHER NOTIFY MEDI			M. OF INJURY	19	21f LOCATI	ON						
TOR. After this for use as the b of Health and a	WE	WHILE NOT WE	HILE		REET FACTORY OFF	ICE, FARM ETC)	STREE	T		CITY OR TOWN	COL	UNTY	STATE	
S A A		22a.1 certify that (1) (this haspital) attended the deceased from 9th Aug 1987, to 9th Aug 1987, that (1) (we) last												
Porto for to		sow the deceased alive on 5th Aug 19 87, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.												
OR ATTEN e hospital DIRECTOR oched for u Dept of He		27b. SIGNATURE DEGREE 22c DATE SIGNED												
		ADJULE MY ATTENDING MEDICAL STAFF 8/9/87								182				
TO FUNERAL should be deta with the State IMRORIANT: If		AN THON	AME (TYPE OF	R PRINT)	KE	m	220 ADDRE					TE	R	
w who do	23n	BURIAL, CREMATION,	REMOVAL	236 DATE		3c. NAME OF C	EMETERY OR	CREMATORY	23d LOCAT					
BP	1	CREMATION		8/12/			MOUNT (TIMORE,	COUNT	LA	MD	
U1		UNERAL DIRECTOR		1 0/1/				25a DAT	E REC'D. BY RE	GISTRAR 256 RI	AISTRAR AS	HENAH	THE Randards	
DHMH - 16 60M 7/B4 (VRA 15, 4)	W	M. C. MARC	H F/H	. INC.	1101 E	NORTH	AVE.	A	UG 12	1027	June 10			

1101 E.

MARCH F/H, INC.

07/84

DHMH - 17

(VR A15 ME (5))

EXAMINER'S NAME (TYPE OR PRINT)

Burial

230 BURIAL, CREMATION REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 8/26/1987 Arbutus Memorial Park

Charles P. Kokes, M.D.

23d. LOCATION

111 Penn St., Baltimore, MD 21201

Baltimore, Maryland

187

1987

HOME

Johnson

20 AUTOPSY?

8-22-87

YES NO X

STATE

BETWEEN ONSET AND DEATH

2d HOUR 12:00 P M

24. FUNERATERCIPUneral Homes, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2501 Gwynn Falls Pkwy. Baltimore, Md. 21216 how Davidson-Randoll

TITLE (SPECIFY)

M.D. Assistant MEDICAL EXAMINER



NEO!

AUB 28 BUR

BP.

DHMH - 17 (VR A15 ME (5))

07/84 25M

1796

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	5	4	8
2	20	2		

1 -	STATE			CAL EXAMINE		0	DEATH	and the	2	
50	GISTRAR CEASED NAME	FIRST		DDLE	LAST	ICATE OF	20. DATE KNO	EG. NO.	DAY YEAR	26 HOUR
TYT)	PE'OR PRINT)	DONAL	D HUGHE	S CLAYI	ON		OF ES	TI- II .	87 19	
3 SE)	M A RACE	M	ATE OF BIRTH	6 AGE (IN YEAR	MONTHS DAYS		HRS. 70 DATE PRONOUNCED DEAD	8-1-	87 19	7AM M
7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b.	CITIZEN OF WHAT	COUNTRY? 8	MARRIED	IEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
	OREIGN COUNTRY)		U.S.A.		WIDOWED	DIVORCED				WD
Ва	ITY OR TOWN OF DEATH	1.	(IF NOT IN SUCH FACILITY 410 N. MO	ntford(rea	r)	UTION	FOR MOST OF WORKING I	(IFE)	OR INDUS	STRY
13a S	MD	NG HOME OR OTH b COUNTY	13	COLLEGE BEFORE ADMISSION COLLEGE BEFORE BEFORE ADMISSION COLLEGE BEFORE BEFORE ADMISSION COLLEGE BEFORE BEFORE ADMISSION COLLEGE BEFORE BE	13d. INSIDI YESX	NO 🗆	3e STREET ADDRESS 1210 N. DE	CKER_STR	EET 21	213
14. F/	ATHER'S NAME	MID	DOLE	tast	15. MOT	HER'S MAIDEN	NAME		LAST	
14a V	ERVIN VAS DECEASED EVER IN	II S APAGED	EODCESS IV	CLAYTON b. SOCIAL SECURITY		ICINDA_	E A	DDRESS	JONES	16-5-1
(Y		F YES, GIVE WAR O					CLAYTON 12		CKED V	VE
	18 CAUSE OF DEATH	(Enter only on	e cours per line for	N/A	TLUC.	NUA L.	CLATION 12	. TO N. DL		ATE INTERVAL
				wounds of	chest				BETWEEN ON	SET AND DEATH
	Conditions, if ony gove rise to im couse (a) stating the lying couse lost. PART 2 ÖTHER SIGNIFICANT (C	nmediate se <u>under</u> -	(c)	A CONSEQUENCE OF		ION GIVEN IN PART	l (a)			
TION	19a. DATE OF OPERATION	Miles.								
MEDICAL CERTIFICATION	176. DATE OF OPERATIO	OIA	196. CONDITION	FOR WHICH OPERA	TION WAS PERFO	KMED?			20 AUTOPS YES (XX)	
CER	210. EXTERNAL CAUSE		216. TIME OF INJ	URY ONTH DAY YEAR	21c HOW INJUI	RY OCCURRED	LENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR		
CAL	UNDERLYING OR CONTRIBUTING CA	USE OF DEAT	н ? Р.М.	8-1-8719		stabbe	ed during a	n altero	ation	
MEDI	216 INJURY OCCURRED WHILE NOT WI AT WORK AT WOR	HILE X	21e PLACE OF IN STREET, FACTORY. Stree		211 LOCATION STREET 2600 E	Presto	on Street	Baltimor	e,Mary	land
	22e. certify that for death resulted from/	et's		ed obove, held on	Autopsy X	Inspection NECLEY STANT	Undetermined monner	ond in my opi	8-1-	87
	EXAMINER'S NAME (TYPE OR PRINT)		is F. Smy		ADDRESS		enn Street			
ls	URIAL, CREMATION, REM BURIAL		/5/87	BALTIMOR		RY	BALTIMORE,		M	STATE
24 FI	NAME NAME NAME NAME	F/H, I	NC. ADDRESS	E. NORTH	AVE.	AUG C	25 4 1987 25	REGISTRAR'S SI	GNATURE Conda	4

AUG

AUG 04 1987 July Brief Palase

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

67-106	31	FOR BATE GISTRAR		DE	PARTMENT OF	EALTH AND MI	ENTAL HY	ENE / REG. N	. 4		
7	1. DE	CEASED NAME	FIRST	WIDDLE		LAST	1			DAY YEAR	2b HOUR
2. f	1100	CWARNEY	Glas	scoe W.	Claxto	n			8 2	5 87	2:10 AM
0.0	1.5E	X		RACE	5. DATE			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HAS
		MALE	HSY	BLACK	10	21	19	67	YRS	IONIHS BAYS	HOURS MIN.
2 QZ	7a. B	WITHPLACE PREATE OR FO	DREIGN 7b	CITIZEN OF WHAT COU	NTRY? 8	D NEVER MA	ARRIED X	BALTIMORE CITY O	R COUNTY	OF DEATH	
		VA		USA	WIDOW	DIVO	DRCED [Baltimo	re ()	[TY	MD
1 311	10. C	ITY OR TOWN OF DEA	TH 11	I. NAME OF HOSPITAL, N		OR OTHER INSTIT	IUTION	120 USUAL OCCUPATI			F BUSINESS OR
3 44	1	altimore Ci	4	The Union M	emorial	Hospital		RETIRED			/A
RA	13a.	AL RESIDENCE (IF NURSIF STATE MD	136 COUNTY	HER INSTITUTION GIVE RESIDENCE 13c CITY OF BALT	RTOWN	13d INSIDE CIT	Y LIMITS?	703FAST		STREET	21210
S	14. Fz	ATHER'S NAME	44.15	DDLE LA		15 MOTHER'S		E MIDDLE		LAS	
HEE)C		GLASCOE	P		XTON	CAR	RIF	MIDDLE		WILL	
2027		VAS DECEASED EVER I	N U.S. ARME	D FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMAN		ADDRE	SS		
E E		NO	(IE TES, GIVE V		7-7117	VIRGIN.	TA LOWR	X 703 EAST	21st	STREET	
the services		18 CAUSE OF DEATH	Enter anly	ane cause per line fai (a),							MATE INTERVAL
emov even		PART I. DEATH WA	AS CAUSED I IMMEDIATE (T Fail	ure				14 d	lays
n signed by the atten Then please remaye c to burial, cremation, njury, or ather troum	NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	ediate the last.	DUE TO, OR AS A CON (b) Second Secon	SEQUENCE OF			NAL DISEASE OR CON	(EN IN PART tic	
t permit ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	IGS USED OF DEATH?
entol-tronsit		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF MEDIC	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
hand Me	MEDICAL	21d INJURY OCCURR		21e PLACE OF INJURY (AT HOME STREET, FACTORY O	DEFICE, EARM ETC)	211 LOCATION	١	CITY OR TO	wN	COUNTY	STATE
of for use of Healt		saw the decease above, (we) (di		ottended the deceased 8 2 5 view the bady after death.	from 8/1	nd that in (0	19 07	eath accurred on the de	ate and hour	and Iram the	
RAL DIRE detached tote Dept		22b. SIGNATURE	h	-10	14	· P PF	TENDING TYSICIAN	MEDICAL STAI		BC:	25/87
TO FUNERA should be de with the Stot	-	John Eo	rl 57	OKes II	M.P.			emorial Hos	spital		
- u 3 <u><</u>		BURIAL, CREMATION, F ISPECIFY) BURI		23b. DATE 8/29/87		MEMORIA	AL PARK			COUNTY	MD
- 16 60M 7/84 (RA 15, 4)		M. C. MARCH	F/H,	INC. 1101	E. NORTH	AVE.		PEC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNATI	JRE

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

52	7
0	1
	REG. N

2257 0

1	26	TGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	4 4 9 1 0
	a tree	CASED NAME OFFICE	K.	C	linton	20 DATE OF DEATH MONTH	20/87 1:55 M
	1. 5E)	Male	RACE Black	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 34 YRS	MONTHS DAYS HOURS MIN.
1		HTHPLACE ISTANIOSPORISON	b. CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore city or coun	(1
2	E	Saltimore /	OF V. O	F MO HOSO	Tal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126. KIND OF BUSINESS OR INDUSTRY
5	13a. S	MID 1 PO			13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS, ZIP CO	DDE 21239
		Wesley	HDDLE	Linton	15. MOTHER'S MAIDEN NAM	WIDDLE	matrohur.
		TAS DECEASED IN ER IN U.S. ARA	WAR OR DATES)	1-56-3634	Annie Clin	ton 810 Al	lendale Street
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	leac ord Reg	piratory Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NONC
		Canditians, if any, which gove rise to immediate	DUE TO, OR AS A	CONSEQUENCE OF	otic Shock		2-4 hs
		cause (a), stating the underlying cause last.	(c) HJ	CONSEQUENCE OF			Months
	NOLL	Chronic Act	ie Hepatiti	, E Circho	2,22		
2	CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	FOR WHICH OPERATION		YES NOW IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \tex{
1	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. M	NONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
	MED	21d. INJURY OCCURRED NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) this haspite sow the decased alive on above, (1) we did idid not 22b. SIGNATURE	Avaint RO	eath. 19 8) , on		to Avgust 30 leath occurred an the date and h	
		22d PHYSICIAN'S NAME CTYPE OR	Clan	700	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 8/20/87
		Steven 1	Dellon, M	1.0.	22 5. Green	ne St. Baltimo	re, MD 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

236 DATE 8/25/87 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Anne Arundel Co

Wm. C. March F/H West 4300 Wabash Avenue

MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2257

UG	18	GISTRAR				CFULL	ICATE OF DEATH	REG.	NO			
-	Y DE	CEASED NAME	FIRST		WIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR	R
1	LIAM	Li1	lian		В.	COAK	LEY		08	12 87	1:0	0 p.
	3. SE	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST	BRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 2	Tiv
	Fe	male		White		OMPAT	0 9 53	94	YRS	MONTHS DAYS	HOURS	MIN
10	7a. BI	IRTHPLACE I STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
2		ryland		USA		WIDOW		Baltimo	re Ci	.ty		ME
2		It imore	ίΉ	The We	HOSPITAL, NURSI H FACILITY, GIVE STREE ESLEY H	NG HOME (r ADDRESS) O Me,	Inc.	12a. USUAL OCCUP. (TYPE OF WORK FOR MO: UNKNOW	T OF WORKING L	LIFE) INDUSTRY	OF BUSINES	
5	13a. S	D	13b COUN	ITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltime		13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRES	s/zipcoo Roger	es Ave	nue	7
		eorge		MIDDLE	Bowe n	, Sr.	15. MOTHER'S MAIDEN NAME FIRST Laura	MIDDLE	ne	Hu	tchin	1 S
		WAS DECEASED EVER YES, NO OR UNKNOWN) n O		MED FORCES? E WAR OR DATES)	2 1 2 - 0 3		Wesley Hom		211 W	.Roge	rs Av	en
		18 CAUSE OF DEAT! PART I. DEATH W	AS CAUSE	ly one couse per D BY: 'E CAUSE (a)	1	-	n Premoni	~		APPRO BETWEEN	DXIMATE INTERV N ONSET AND D	PEATH
^	ION	gave rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN SIP Rec	g the last	(c)_	RAS A CONSEQUE		NOT RELATED TO THE TERM	IINAL DISEASE OR CO	ONDITION GI	IVEN IN PART I	10.	
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES		
7		210. ACCIDENT WAS UND OR CONTRIBUTING C LIFETHER NOTIFY MEDIC	AUSE OF DE	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART 1 OR PART 2)		ij
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE,	FARM ETC 1	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STA	ATE
		220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on	8	19	87. or	1177, 19 74 and that in (my) (our) apinfon (death occurred an the	date and ha	, 19 <u>87</u> ur and from th	, that (I) (we e causes state	
		22b. SIGNATURE	test	file	长,	mD.	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN []	22c DAT	E SIGNED	7
		120BER	-		BERTO, 1	nD.	220 ADDRESS RO	zers Are	. Be	illar	nd.	
	230 E	BURIAL, CREMATION, I		23b. DATE 8-15			emetery or crematory wn Cemetery	Baltim	ore M	laryla	nd. Sta	ATE
		uneral director	ss Fi	uneral	Home 3	631 F	alls Rd.	1 RI7 D 1987 SISTE	R 255 BERS	MARSSICNA	TURE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG 1.7 1987

STATE OF MARYLAND

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
INGLE 2 6 1987 Julia Dender Roll

Jb	4001 AUG	28	F R	DE	PARTMENT OF H	OF MARYLAND	LÉNE 2 2 5	12
d.	10.4		REGISTRAR		CERTIFI	CATE OF DEATH	REG NO	
N	noy be poge 3		CASED NAME FIRST OR PRINT) LA UK	RA B		COE	20 DATE OF DEATH MONTH	22-87 4.45 M
4	ge 4 mo	3. SE	FEMLE	4. RACE PS/10	5. DATE O	F BIRTH DAY YEAR - 13 - 27	6 AGE (IN YEARS LAST BIRTHDAY) SYRS	IF UNDER I YEAR IF UNDER 24 HRS
	nerol dun 72 hou		ADEN CO., N.	1	WIDOWE		BALTO. CITY	
10	The tree the	10. CI	BALTO.	II. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT LIBERTY	NURSING HOME O VE STREET ADDRESS) MED. CEI	ROTHER INSTITUTION TER	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR IFE) INDUSTRY
MARYLAND 2120	24 hours in mild her	13a S		OR OTHER INSTITUTION GIVE RESIDENT 13¢ CITY OF BAL	RTOWN		STREET ADDRESS / ZIP COD 113 BONNER RI	Ď. 21225
MARYL	ed with mpletel, and 2 s) FA	THER'S NAME FIRST FRANK	MRIGHT	AST	15. MOTHER'S MAIDEN NA HARRIE	T MC ALLISTER	LAST
BALTIMORE,	John /	0	VAS DECEASED EVER IN U.S. (IF YES NO OR UNKNOWN)	GIVE WAR OR DATES!	54-0181	GLORIA WAT	ERS 3159 LYND	
W. PRESTON ST., BAL	by the ottending providing seconds of the ottending providing seconds of the components of the troumotic designs.			TALL CHOOL IS,	SEQUENCE OF LATE		OCK IAL INFARC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201	equires that n signed by Then please r to burial, a	NO	PART 2 OTHER SIGNIFICAN DIABE	TES	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GE	VEN IN PART I I a
AL RECORDS	Ni. The low raysicion. Icote hos bee fonsit permit. Hygiene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
\ <u>\</u>	KCIA Political		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MON	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2)
DIVISION OF	G Present	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	by the hospital or and the hospital or and the hospital or and the detached for use or State Dept of Health ANT: If them 21 is more		sow the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE	not) view the body after death	19.87, on	DEGREE ATTENDING PHYSICIAN [deoth accurred on the dote and ho	19 T, that (I) (we) last up and Irom the causes stated 220 DATE SIGNED 8-22-87
	TO HOSPITAL etoined by ill TO FUNERAL should be det with the Store IMPORTANT:		ANIC .	N. RAIK	EN	22e ADDRESS LMC		
	8b		SPECIFY) BURIAL	8/ 28/87	230 NAME OF C	EMETERY OR CREMATORY	BALTO., MI	D. COUNTY STATE

4600 LIBERTY HEIGHTAIG

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

LEROY O. DYETT

& SON

(VRA 15, 4)

BP.

SUSSE SURE BUS IN A SURE

The same of the state of the st

STATE OF MARYLAND

573 2

4750 SEP-	4 87	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HY	FIENE 2 2 REG. NO.	573
noy be poge 3	(TYPE	CEASED NAME OR PRINT)	Lee	C	offman		DAY YEAR 26 HOUR
ctor. pc	3. SE.	timbe	. RACE Vhite	5. DATE C	F BIRTH 9 29 YEAR 43	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS
	1	W. VA	L CITIZEN OF WHAT COUN	WIDOWE		But City	OF DEATH
		Bultmon	- 1.	hy had	Horald Institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12h KIND OF BUSINESS OR INDUSTRY
filled in hould be	13a. S		THER INSTITUTION, GIVE RESIDENCE I		13d, INSIDE CITY LIMITS?	Ohi C	Rd 21061
ored within	1	Sullivan NI	IDDLE LAST	100	15 MÖTHER'S MAIDEN NA	Jane	Fisher
ond oges	1	xxxxxxx Y Viet	nam 215-4		Pre Rec	liyan Alger Frederick,	
a physicion a physicion on papers. F removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		(cs? A	rut		BETWEEN ONSET AND DEATH
hot the death cer by the ottending ose remove carbo ose remove carbo other troumatic e		Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost	DUE TO, OR AS A CONS DUE TO, OR AS A CONS (c)	EQUENCE OF			
equires the signed I	NO NO	PART 2 OTHER SIGNIFICANT CO	367			MINAL DISEASE OR CONDITION GIV	EN IN PART I I a
on. hos been prior ene prior ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
HYSICIAN: The ding physicion is certificate h buriol-tronsit Mental Hygien or frem 18 sharps		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
ING PHYS r offending Mer this c os the bur th and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING on the hospital or bigging of the property of the		220.1 certify that (1) (this hospite saw the deceased alive an above, (1)/(we) (did) (did nat		C resident	d that in (my) (aur) apinion	death occurred an the date and hou	19_6 / , that (I) (we) last is and from the causes stated
the hor the hor DIRE etochecetochec	2	226 SIGNATURE	P. Midis		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-30-87
TO HOSPITAL TO FUNERAL should be deti with the Stote		22d PHYSICIAN'S NAME (TYPE OR	P. MIOIS		22 S. Gr	une St. Bu	alt. Mo
BP		BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 9/1/87		w Cemetery	Bolivar, Jeffe	
DHMH - 16 60M 7/B4 (VRA 15, 4)		Dert L. Spencer	- Harpers Fe	Drawe		TE REC'D. BY REGISTRAR 25h. REGIST	TRAR'S SIGNATURE

0	6	2	6	3	8	AUG
		oy be		poge 3	000	

seoth Poge 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WEGIENE CERTIFICATE OF DEATH

- STATE		DEPARTM	CERTIFIC	ATE OF DEATH	REG. NO	5 /	4
I. DECLASED NAME (TYPE OR PRINT)	ELI ZABETH	WIDDLE	C	OHEN	AUGUST 6,		5A.
FEMALE	4 RACE CA	UCASIAN	5. DATE OF	BIRTH 22 ^{DAY} 190 ^M / ₂ ^{AR}	6 AGE (IN YEARS LAST BIRTHDA		EAR IF UNDER 24 H
MARY LAND		WHAT COUNTRY?	WIDOWED	NEVER MARRIED D	BALTIMORE CITY OR CO		1
BALT IMORE	6317	PARK HTS.	AVE.,	OTHER INS(12/12/15) APT. 611	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO HOUSEWIFE	PRKING LIFE INDUST	OF BUSINESS
USUAL RESIDENCE (IF NUR. 130. STATE MARYLAND	136 COUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN BALTIMO	ORE	36 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII 6317 PARK		1215) .,APT.61
14 FATHER'S NAME EDWIN	WIDDIE	STERNBI	ERGER	5 MOTHER'S MAIDEN NA FIRST ELLA	WIDDLE		WOLFRAM
160. WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES?	250-82-		MRS. LOIS	ADDRESS GREENEBAUM 1	WHITEBRIE	
18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one couse per /AS CAUSED BY IMMEDIATE CAUSE (a)_		PLE		OVASCUU	A RETW	ROXIMATE INTERVAL EEN ONSET AND DEA
Conditions, if any gave rise to im cause (a), stati	, which (b)_mediate ag the DUE TO.	OR AS A CONSEQUE	H- 4	·-S.C.	V.D.		-
gove rise to im couse (a), stati underlying couse	which (b) DUE TO, (c) NIFICANT CONDITIONS	dr as a conseque	ENCE OF DEATH BUT N N E	OT RELATED TO THE TERM	VINAL DISEASE OR CONDITI	ON GIVEN IN PAR SEPSI b IF YES, WERE FIN I CERTIFYING CAU	VDINGS USED
gove rise to im couse (a), stati underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN	which mediate and the lost to	ONTRIBUTING TO DO	DEATH BUT NO PERATION	OT RELATED TO THE TER.	VINAL DISEASE OR CONDITI	SEPS b. IF YES, WERE FIN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?
PART 2 OTHER SIG	which mediate and the property of the property	ONTRIBUTING TO DO	DEATH BUT N OPERATION AY YEAR	OT RELATED TO THE TER.	200 AUTOPSYD 20 NO	SEPS b. IF YES, WERE FIN CERTIFYING CAU YES	NDINGS USED SES OF DEATH? NO
GOVE rise to imit couse (a), statit underlying coust underlying coust underlying coust 19a DATE OF OPERA 19a DATE OF OPERA 19a DATE OF OPERA 19a CONTRIBUTING (IF EITHER NOTIFY MED 21a, INDITY MED 21a, INDIT	which mediate and the property of the cause of Death Calexaminer RED 21e PLACI (AT HOME START)	ONTRIBUTING TO D	OPERATION AY YEAR ARM, ETC.)	OT RELATED TO THE TER. OTO NOTE WAS PERFORMED 211. HOW INJURY OCCUM 211. LOCATION STREET 19	200 AUTOPSYD 20 IN YES NOTHER NATURE OF INJURY IN	b IF YES, WERE FIN CERTIFYING CAU YES : ITEM 18 PART I OR PART	NDINGS USED SES OF DEATH? NO.
PART 2 OTHER SIGNATURE PART 3 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 5 OTHER SIGNATURE PART 2 OTHER SIGNATURE PART 2 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 2	which mediate and the property of the cause of Death MCALEXAMINER CAUSE OF THE DEATH MCALEXAMINER CAUS	ONTRIBUTING TO D	OPERATION AY YEAR ARM, EIC)	WAS PERFORMED 21c. HOW INJURY OCCUI 211 LOCATION STREET 19 1that in my pinion GREE ATTENDING PHYSICIAN	200 AUTOPSYD 20 YES NOT NATURE OF INJURY IN CITY OR TOWN	b IF YES, WERE FIN CERTIFYING CAU YES COUNTY COUNTY 19 226 D	NDINGS USED SES OF DEATH? NO.
Gove rise to imit couse (a), stati underlying coust underlying coust underlying a coust of the c	which mediate and the property of the property	ONTRIBUTING TO DO ONTRIBUTING T	DEATH BUT N OPERATION AY YEAR 19 ARM, EIC)	OT RELATED TO THE TER. WAS PERFORMED 21c. HOW INJURY OCCUP 21l. LOCATION STREET 19 That in my ATTENDING PHYSICIAN 12e. ADDRESS	200 AUTOPSYD 20 IN YES NOT NATURE OF INJURY IN CITY OR TOWN To death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	b IF YES, WERE FIN CERTIFYING CAU YES COUNTY COUNTY 19 226 D	NDINGS USED SES OF DEATH? NO. 21 STATE the couses stated
PART 2 OTHER SIGNATURE PART 3 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 5 OTHER SIGNATURE PART 2 OTHER SIGNATURE PART 2 OTHER SIGNATURE PART 4 OTHER SIGNATURE PART 2	which mediate and the property of the property	ONTRIBUTING TO DO ONTRIBUTING T	OPERATION AY YEAR TO ARM, EIC) NAME OF CE. K. BET	WAS PERFORMED 21c. HOW INJURY OCCUI 211 LOCATION STREET 19 1that in my pinion GREE ATTENDING PHYSICIAN	200 AUTOPSYD 20 IN YES NO STAFF PHYSICIAN CITY OR TOWN CHARLESTO CHARLESTO	LOUNTY COUNTY COUNTY	STATE ST

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

TO FUNERAL DIRECTOR After

TO HOSPITAL OR

-1

. 1		Items 5,15 Fil	m C631 0	0 07 CD	STAT	E OF MARYLAND	P a	
NO AL	CJ 1	FOR TUENS 3,13 TTT	111 0031 34	DEPARTA		LEALTH AND MENTAL HYG	6	
שלי שלי	0 1	EASED NAME FIRST		MIDDLE		ICATE OF DEATH	REG. NO	2 5 EAR 7 2b. HOJR
		Charles		E.	Co		O DATE OF DEATH	AND THE PARTY OF T
	3. SE X		4 RACE		5. DATE O	DEBIRTH 1926	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 MRS
		male	black	<	MONTE 9	2 1925	-61-60 YI	MONTHS DATS HOURS MIN.
5		ATHPLACE (STATE OR FOREIGN Md	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D X NEVER MARRIED D	Baltimore city <u>or</u> cou	
		y or town of DEATH Baltimore	(IF NOT IN SUC 410	GWynn Ave	address)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Disabled	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
5	13a S	TATE Md 136 COUL	OTHER INSTITUTION NTY	Baltimor	N	13d INSIDE CITY LIMITS? YES NO [136 STREET ADDRESS / ZIP C 410 Gwynn Av	
0	14 FA	John	WIDDIE	Chamber		Ida Ida	WIDDLE	-Cole- Brooks
		(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIT NO	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	
-	-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		216-20-2		Lois Cole	410 Gwynn Ave	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hully, all other tra	TION		(c)		DEATH BUT		IN AL DISEASE OR CONDITION	420 11
7	CERTIFICATION	198 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO IN CE	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 21
4	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hasp saw the deceased abuse or above. (1) (we) (did) (did) no	tal) attended the	e deceased from			to 8-7-8-7 death accurred on the date and	, 19, , that (1) (y/e) last I have and from the causes stated
		226 SIGNATURE	M		W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
		226. PHYSICIAN'S NAME (TYPE O	M UZ	7		900 Ce	ton Aus	Botto
	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8/13/	07		Mem Park	23d LOCATION CITY OR TOWN Arbutus	COUNTY STATE MD
/B4		C. March F/H	West	4300 Wab	ash A	venue A20 BATE	PRECID. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE

AUG 1-1 884

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REDICAL EXAMINER'S CERTIFICATE OF DEATH

2REG 2 57 6

SOLL MI	0 -	ט ק	EGISTRAR		WE	DICAL EXA	WINEK, 2 (LERTIFICATI	E OF DEATI	REG	4. 3	1 6	
10			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20	DATE KNOWN	MONTH	DAY YEAR	26. HOL
2000			L ON TRIPLITY	Burle	ev.		Co	leman		OF ESTI-	□ 8/	2/ 19 87	
DEEDER.		a SEX	4	RACE	5. DATE OF BIRTH		E (IN YEARS IF UN	NDER 1 YR. IF UN	DER 24 HRS. 2c.	DATE	MÖNTH	DAY YEAR	Zd. HOL
N S S S S S S S S S S S S S S S S S S S			M	B	1 8	47 40) YRS.	HS DAYS HOURS	S MIN. PRO	DEAD DEAD	8/	2/ 19 87	11:(
SE SE	>1	70 B	RTHPLACE (STA		76. CITIZEN OF W		8	IED X NEVER MA	400KD 7	BALTIMORE CIT	Y OR COUNT		-
SASER	-	1	REIGN COUNTRY)	1D	U.S.A		WIDOW			Baltimor	co City	,	4.4
の の の の の の の の の の の の の の	-	10. CI	TY OR TOWN C	F DEATH	II. NAME OF HOS	SPITAL, NURSING	HOME, OR OTH		120 USUAL	OCCUPATION		126. KIND OF BU	
ALSE S	(3)		Baltir	more		OPKINS HO				BORER		OR INDUSTR	
NOW NOW	57		L RESIDENCE (E IN NURSING HO	AE OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	has more or a				NONSTING	HOTIL
A SESSE	1	130 5	MD	13b. CO	UNIT	BAL TO.	WN	13d. INSIDE CITY LIMIT YES X NO	3802	KIMBLE	ROAD	21218	
E-20E	1		THER'S NAME		MIDDLE	- LAST -		15. MOTHER'S MA		MIDDLE B.		o William	
883 XX	1		CHARLES			CÓLEN		LELI	А			CROSBY	1
SES PA	/	160. V	VAS DECEASED	EVER IN U.S	ARMED FORCES?	166. SOCIAL SE		17. INFORMANT	COLEM	ADDR		DOAD	
SAG SIVE VISIO	1		AF2			212-44-	-/08/	THERESA	CULEIMA	AN 3802	KIMBLE	RUAU	
- X - C			18 CAUSE OF	DEATH (Enter	anly ane cause per line	e far (a), (b), and (==1, 3			APPROXIMATE BETWEEN ONSET	
TANASA NAMES	4		TAKTIBLA		IATE CAUSE (a)		Necrot.	izing Pne	eumonia				
AN APP	g .			,		AS A CONSEQUE	NCE OF						
FEREN	2	1		, if any, wh to immedia									71
DASE S	Ö		cause (a) s lying cause	stating the <u>und</u> e last.	DUE TO, OR	AS A CONSEQUE	NCE OF						
PANA O	6				(c)								
图23届4	1		PART 2 DTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TO	HE TERMINAL DISEAS	E OR CONDITION GIVEN I	IN PART 1 (d).				
HOUSE A	8	CERTIFICATION											
SE TON	31	S	19a DATE OF C	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTOPSY?	
38225	51	E E										YES 🔀	NO 🗌
発売を発	20	3	210 EXTERNAL UNDERLYING	FT.	116. TIME OF	A. MONTH DAY	YEAR 21c Ho	OW INJURY OCCU	JRRED LENTER NATU	IRE OF INJURY IN ITEA	A 18 PART 1 OR PAR	(T 2)	
A STATE OF THE STA	\$ \	MEDICAL	CONTRIBUTIN	G CAUSE C			19						
BESS 8	56	MED	WHILE	NOT WHILE		OF INJURY (AT HO TORY, FARM, ETC.)		CATION	CI	TY OR TOWN	cou	YIMI	STATE
MAR AGE	21.20		WHILE AT WORK	AT WORK							0.00		
A MORA	9		22a I certify	that I taak ch	arge of the remains des	scribed abave, held	an Autap	sy X Inspe	ection .	nquiry .	and in my op	inian	
H H H H	Z Z		death resulted	tram: _No	itural causes XX	Accident	Suicide	, Hamicide	Undeterm	ined manner],		
UTE THE CERT UTE THE CERT E 4 SHOULD UNERAL DIRE R DEATH, WIT	N N		1	no.	· MA	6 hb	Wat	TITLE (SPECIFY	()			0.10.10.	
■ 日本古書	e		SIGNATURE	lelle	us IN	ue VII	row	Assista	ant_MEDICA	LEXAMINER	DATE	8/3/8	7
DICAL TETHE 4 SHO NERAL DEATH	ğ		EXAMINER'S N	I A AAE		1							
全 ()活集班	3 mil		(TYPE OR PRIN	T)	ennis F. Sm	nytch, M.D	•	ADDRESS	lll Penn				
5XX5A	3	230. B	JRIAL, CREMATI					R CREMATORY	23d. LOCA	TION	C COUN	MD ^{TA}	ATE
BP		01.5	BUR!		8/7/87	GARRI	SON FOR	521		NGS MILL			
DHMH - 17			NERAL DIRECT		H, INC. ADDRESS	101 E N	ODTU AM	- AU	3 96 10	GISTRAR SISTER		IGNATURE -	
(VR AIS ME (5))	W	YI. U. MA	AKUH F/	n, int. I	TOT E. M	OKIT AVI	- •	101	, 0			

ARE O G SUA

22576

DHMH - 16 60M 7/84 (VRA 15, 4)

			0-	DV	
,	21	Alt	UF	MARY	LAND

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN	E
CERTIFICATE OF DEATH	0	0
	0	4

000	7 1 1116		~	FOR		DEPART	MENT OF HEALTH AND MENTAL H	YGIENE		
630	AUG	18	RA-	STATE REGISTRAR			CERTIFICATE OF DEATH	9 7 REGING	257~	7
				EASED NAME FIRST		WIDDLE	LAST		MONTH DAY YEAR	26 HOUR
	o e 3	811	(TYPE	OR PRINT)	LISE	D. C.	CoLEman		8/15/87	7:33
	poge 3		3. SEX		4 RACE	/	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	offe,		1	nole.	1	1/2	MONTH - DAY 1916	77	MONTHS DAYS	HOURS MIN.
	direc	N.	70. BIF	THPLACE (STATE OR FOREIGN	7h CITIZEN	OF WHAT COUNTRY?	18	RAITIMORE CITY OF	R COUNTY OF DEATH	
	72 h	677	1	DUNIRY)	1/1	< A	MARRIED NEVER MARRIED	R.11.	- T	
	fund thin	0/-	10 CT	OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURSIN	WIDOWED DIVORCED [12a. USUAL OCCUPATION	ON 125 KIND OF	F BUSINESS OR
_	d the	# 9	R	11.	(IF NOT II	N SUCH FACILITY GIVE STREET	ADDRESS)	(Type OF WORK FOR MOST OF	PROPRING LIFE) INDUSTRY	
2120	in by	oe 1	HISUA	L RESIDENCE (IF NURSING HOM	E OR OTHER INSTITU	ITION, GIVE RESIDENCE BEFOR	EADMISSION)	PILONSIRUCI	ionlocker	21716
	P P P	18 /		TATE / 13V CO	YTAUC	130 SITY OR LOW	I 134 INSIDE CITY LIMITS	13e.STREET ADDRESS /	ZIP CODE	Mie.
IAN	5 7 S	le le	IA EA	THER'S NAME		12141150	15. MOTHER'S MAIDEN	10 10 97	1016/19mg	MUO
MARYLAND	piete nd 2	exam.	11.17	- CURST	MIDDLE	1 KAST	FIRST	MIDDLE	LAST	
			14n \A	AS DECEASED EVER IN U.S.		ES? 1166 SOCIAL SECT	M MINNI	ADDRE	JODN 50	2 17 16
BALTIMORE	Poges	medicol			GIVE WAR OR DATE		Geron h. T. 4	1/	6 /200	12016
VII.	o o	the				214-07-	0037A 4013,12UM	0/emm 137	DINOYUISNO	MATE INTERVAL
80	physic physic physic pope movol	ent, t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	MART	The Carrie	use of class	BETWEEN	INSET AND DEATH
ST.	d d E			IMMEI	DIATE CAUSE (VIE as	all C mano	ma y pro.	196	
Ď i	To the second	10				D, OR AS A CONSEQU	ENCE OF		70	
RES				Conditions, if ony, which gove rise to immediate	,	0)				
W. PRESTON	or me	1		couse (a), stating the underlying couse lost		D, OR AS A CONSEQU	ENCE OF			
201	oled riol	ő		DART O OTHER CICALIFICA	IX CONTRIBUTION)	DEATH BUT NOT RELATED TO THE TE	DATE OF SECOND	NITION CINEN IN DARK 1.	
	sign hen ho bu	lory.	Z	PART 2. OTHER SIGNIFICAL	AT CONDITION	IS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONL	DITION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS,	w red been mit. T	ž	CERTIFICATION	190 DATE OF OPERATION	19b CC	ONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	IGS USED
- R	ne per	Sm. of	IFIC					YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
/ITA	ysicio cote onsit	18 sho	CERI	210. ACCIDENT WAS UNDERLYING		ME OF INJURY		URRED (ENTER NATURE OF INJUR		
OF.	7 5 5 5 7	Hea]		OR CONTRIBUTING CAUSE O	DEATH	R A.M. MONTH D P.M.	AY YEAR			
NO		¥ /	MEDICAL	21d. INJURY OCCURRED	21e. PL/	ACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY	STATE
VISI	of the	morked	Z	WHILE NOT WHILE AT WORK	(AT HON	AE, STREET, FACTORY, OFFICE,	FARM ETC) STREET	1.	_	31711
	or Africa	OE.		22a.1 certify that (1) (this b	spital) attende	the deceased from	8/4 198	7 . 10 8/13	1987.1	that (I (we) lost
	TOR for up	21 is		sow the deceosed alve obove, ((we) (did) (did	on_	5 pody ofter death.	ond that in (my) (our) opini	on death occurred on the do	te and hour and from the	couses stoted
	DIRECTOR A	tem		226. SIGNATURE	0 1	bay oner deom.	DEGREE	de la	22c. DATE	SIGNED /
		±=		Numer	14. 4	heri.	MO ATTENDING			15/87
5	FUNERAL old be det	Z		224 PHYSICIAN'S NAME (T	PE OR PRINT		27e ADDRESS			1 .
Š	retoined TO FUN should b	MPORTAN		MARCAS	3 (TA)	LICIA 1	M. D. North C	HA1/23 GG	want Hoy	1.72/
Ş	og Charles	₹	23a B	URIAL, CREMATION, REMO	/AL 236. DAT	E 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION		
	BP		1	SURIA!	8-	22-87 6	rouns Com. II:	2 William	nslow 1	, C.
	HMH - 16 60M	7/04	24. FL	NERAL DIRECTOR				ATE REC'D. BY REGISTRAR		URE
D	(VPA 15 4)		1	Caala 1	····	ADDRESS	with aug. A	110 4 7 4007	Julia Dividers !	andress.

163071 AUG 1887 manda a series of the series o La company of the contract of Soft more estimated to the second the mail of the second of the set fortile brighers of fortile Manuelly Palice , and a second to the second Maries & Craticing pain harts Come to Governed Berget

		Pa., G-631, Med. Exam., STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
064057 AUG 20	1-STATE 9/15/87, Gbj.	MEDICAL EXAMINER'S CERTIFICATE CODEATH 200 2	7 8
	1 DECEASED NAME FIRST	MIDDLE LAST 70 DATE KNOWN OF ESTI-	DAY YEAR 26 HOUR
ASE CON SECTION OF SEC	Mark	Coleman DEATH MATED 0 8/	
RY, PLE DIRECTO OUR FILE ON STRE	MAIE BLACK	S DATE OF BIRTH MONTH DAY SEAR LAST BIRTHDAY) B 16 66 21 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 26 DATE MONTH MONTH DAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 8/	20/19 87 A
NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. W. MPRESION STREET,	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	18 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF	
SESES!	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland Penitentiary 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
21201 AND 3 RETAIL	USUAL RESIDENCE (IF IN NURSING HOME 130. STATE 136 COUR MARYLAND	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13c, CITY OR TOWN BALTIMORE YES NO 3609 SEISTON	21229 DRIVE
EETH. IF	14 FATHER'S NAME FIRST RICHARD	MIDDLE COLEMAN IS MOTHER'S MAIDEN NAME FIRST GWENDOLYN GASS	away
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN WISION OF W	(YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Chart	/
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENGELIN ITEM 18, GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ARONG WITH FORM PA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL; "RANDIN FRÂNT. PAGES 1 KND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WINH BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	Conditions, if ony, which gove rise to immediate couse (a) stating the under lying couse lost.	ATE CAUSE (o) Hanging DUE TO, OR AS A CONSEQUENCE OF (b) (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECOR SHOULD BE E ORD "FENDIN CHIEF MEDIC IT OF HEATH URIAL, CREVE	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VISION OF VIT. CERTIFICATE SHE TING THE WORL DED TO THE CH SED TO THE CH DEPARTMENT O I PRIOR TO BUR	S CONTRIBUTING CAUSE OF	FDEATH ? P.M. 8 20 19 87 subject hanged self	YES NO
DIVIS DIVIS WRITIN VARDED AGE 3.5 AATE DER	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 216. LOCATION STREET CHIY OR TOWN CHIY OR TOWN Maryland Penitentiary, Baltimore City,	Maryland
AL EXAMNER: 1 HE CERTIFICATE, HOULD BE FORV MAL DIRECTOR: R. TATH, WITH THE S. RE, MARYLAND. 3	1.	rge of the remains the fibed shows held an Autopsy Inspection Inquiry ond in my of ural covises Undetermined monner Undetermined monner	
TO MEDIC EXECUTE PAGE 4 SI TO FUNEN AFTER DEA	EXAMINER'S NAME DE	nnis F. Smyth, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
07/84 BP 74/	(TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL OU 2 / a 24 FUNERAL DIRECTOR	236 DATE 9-25-97 KING MEM. PK. 236 LOCATION CONTROL OF COMMENTAL OF CO	UNTY STATE
DHMH - 17 {VR A15 ME (5))	E.L. Philles	as ADDRESS N. MONROG ST. AUG 27 1987 AND REGISTION AND ADDRESS NO. MONROG ST. AUG 27 1987	old i Allone

us 27 m

36358

9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

5 2

1	87 STATE REGISTRAR		ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ATH	REG. N			
	1. DECEASED NAME FIRST (TYPE OR PRINT)		COLES	20	DATE OF DEATH	MONTH DAY	P7	26 HOUR
	Female	G/2CK	5. DATE OF BIRTH	YEAR 91	AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 H HOURS M
U	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MA	RRIED	BALTIMORE CITY O		DEATH CYTY	
2	Baltimone	SINAI	HOSPITAL		TYPE OF WORK FOR MOST O	OF WORKING LIFE)	NDUSTRY	HODE
- Annual Property of the Parket	USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC	AS OR OTHER INSTITUTION. GIVE RESIDENCE OUNTY 13c. CITY OR	-INDIR YES N	10 [STREET ADDRESS	ZIP CODE	GE R	2123 0AS
Y	14 FATHER'S NAME FIRST Venny	MIDDLE POOL	18. MOTHER'S M	NAA	MIDDLE		Woo	d
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (18 YES	CIVE WAR OR DATEST	9-8916 TOYCES	Sykes	HOO Cha	Thank	21.21	215
	PART I. DEATH WAS CAI	er only one cause per line for (a), (b			ARRES		APPROVI	MATE INTERVAL
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONS (c) NT CONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT NOT RELATED TO HALLVAG - REA			DITION ĞIVEN	IN PART 11c	,
-	ō CONGEST							
9	DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORM	AED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W TO BE THE OF INJURY HOUR A.M. MONTH NINER) P.M.	HICH OPERATION WAS PERFORM 21c HOW INJU 19	RY OCCURRED	20a AUTOPSY?	IN CERTIFY IN	G CAUSES	OF DEATH?
959	OR CONTRIBUTING CAUSE OF	196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RY OCCURRED	200 AUTOPSY? YES NO	IN CERTIFY IN YES THE TENT OF THE PART TO	G CAUSES	OF DEATH?
7	OR CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CAUSE OF C	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AI HOME. STREET FACTORY. OF	DAY YEAR 19 211 LOCATION SIREET Tom, and that in (my) (au	RY OCCURRED	20e AUTOPSÝ? YES NO CENTER NATURE OF INJUI CITY OR TO	IN CERTIFYIN YES [RY IN ITEM IB PART I	G CAUSES OR PART 2) COUNTY	STATI
7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 27e. I certify that (I) (this he saw the deceased alive above. (I) (we) (did) (did) 27e. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAI HOME. STREET FACTORY. OF d not) view the body after death.	DAY YEAR 19 211 LOCATION STREET TO DEGREE ATT PH	RY OCCURRED 19	20e AUTOPSÝ? YES NO CENTER NATURE OF INJUI CITY OR TO	IN CERTIFYIN YES RY IN ITEM 18 PART 1 WN 19 ote and haur an	G CAUSES OR PART 2) COUNTY	STATE
7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 270-1 certify that (1) (this he saw the deceased alive above. (1) (we) (did) (did 272b. SIGNATURE 272d. PHYSICIAN'S NAME ITM 272d. PHYSICIAN'S NAME	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME. STREET FACTORY, OF	DAY YEAR 19 211 LOCATION STREET On that in (my) (or DEGREE	RY OCCURRED 19	200 AUTOPSÝ? YES NO CITY OR TO CITY OR TO The occurred on the do	IN CERTIFYIN YES RY IN ITEM 18 PART 1 WN 19_ ote and haur an	G CAUSES OR PART 2) COUNTY d I com the c	STATI
7	OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 270-1 certify that (1) (this he saw the deceased alive above. (1) (we) (did) (did 272b. SIGNATURE 272d. PHYSICIAN'S NAME ITM 272d. PHYSICIAN'S NAME	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAI HOME. STREET, FACTORY, OI d not I, view the body after death. 21e PLACE OF PRINTI	DAY YEAR 19 211 LOCATION STREET OPERATOR WAS PERFORM 19 211 LOCATION STREET OPERATOR 211 LOCATION STREET OPERATOR 212 LOCATION STREET OPERATOR 213 LOCATION STREET OPERATOR 214 LOCATION STREET OPERATOR 215 LOCATION STREET OPERATOR 216 LOCATION STREET OPERATOR 217 LOCATION STREET OPERATOR 218 LOCATION STREET OPERATOR STREET OP	RY OCCURRED 19	200 AUTOPSÝ? YES NO CITY OR TO CITY OR TO The occurred on the do MEDICAL STAL DIRECTOR PHYSIC	IN CERTIFYIN YES RY IN ITEM 18 PART 1 WN 19_ ote and haur an	G CAUSES OR PART 2) COUNTY d I com the c	STAT

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Committee of the commit

the state of the second state of the second state of the second s

Charles as a secondary of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA GYGIENE

1.	FOR STATE OF GISTRAR	DE	PARTMENT OF HEALTH AND CERTIFICATE OF		FINE 4 4		
	CEASED NAME FIRST	WIDDLE	COLEG	TR.	20. DATE OF DEATH MONI	H DAY YEAR	26 HOUR 8 55 PM
3. SE	m	4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR 14		IF UNDER 1 YEAR MONTHS DAYS YRS	HOURS MIN.
1	COUNTRY) NC	76 CITIZEN OF WHAT COU	MARRIED NEVER	MARRIED U	BACTINO	ORE CI	MD.
5	ALT MCLE	BON SEC	OURS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR BEHLELEM		OF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ITY ISC GITY C	CT MORE YES	NO 🗌	13e STREET ADDRESS / ZIP 2749 RI	CODE GGS AU	5.21216
	GEORGE	011	1 B1	S MAIDEN NAMI RDIE	MIDDLE ADDRESS	t A	ST
	VAS DECEASED EVER IN U.S. AR/ YES, NO OF UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIA E WAR OR DATES) 23	7241852 FRAM		ADDRESS 2749 K	21665 AC	DE
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	THE CONDITION FOR THE STATE OF INJURY HOUR AM MONI P.M. 21e. PLACE OF INJURY LATHOUGH CHEET FACTORS. (cal) attended he deceased the state of the s	NSEQUENCE OF CALCE NG TO DEATH BUT NOT RELATED WHICH OPERATION WAS PERFORM THE DAY YEAR 19 THE HOW IN LOCATION SHEET THE DOTS PAND THE TOTS THE DOTS THE DO	DE THE SEMED TOWN OF THE SEMED TOWN OF THE SEMED TOWN OF THE SEMED	126 AUTOPSYT 1200	FYES CAUSE YES COUNTY COUNTY TO Brown and from the	NGS USED S OF DEATH? NO [] state that II (we) last course, stated
	BURIAL CREMATION, REMOVAL	8/20/87	734 NAME OF CEMETERY OR WESTVIEW MEM.		CATONSVILLE	COUNTY	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTO

WM. C. MARCH F/H, INC. 1101 E. NORTH AVE.

5	
120	
0	
2	
5	
OC.	
E, MARYLAND 2	
-	
OC.	
0	
≥	
1	
BALTIMOR	
-	
ST	
Z	
0	
S	
œ	
0.	
I W. PRESTON ST.	
0	
. 20	
S	
ECORDS.	
0	
W.	
-	
A	
VITAL R	
F	
0	
ő	
S	
>	
0	

CT ATT OF MARKET AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		31 A11	OF MAK	LAND	
CERTIFICATE OF DEATH	DEPARTME	NT OF H	EALTH AN	D MENTAL	HYGIENE
		CERTIF	ICATE O	DEATH	

COLLETTA

5. DATE OF BIRTH

REG. NO.	2 2	_5	8	1
20. DATE OF DEATH MONTH	18 E	YEAR 37	26 HOU	- 6
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
73	MONINS S.	DAYS	HOURS	MIN

	Mal	е	
70	BIRTHPLACE COUNTRY)	(STATE OR FOREIGN	

AMILLO

136 COUNTY

LIF YES, GIVE WAR OR DATES!

4 RACE

Sept. 26, 1913 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ME Clow 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Social Security Adm.

CITY OR TOWN OF DEATH

N.J.

Md.

LYES NO OR UNKNOWN)

VIS SCOTT ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore

13e.STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME

3007 Grindon Ave. 21214 DeBenedictis

4 FATHER'S NAME Arcangelo

130. STATE

70

Pu

p 20

the offer

signed b

other

à

00

50

If he

MPORTANT

per shews

buriol-transit p

the morked

r use as

ild be deto FUNERAL

o. detoched forte

DIRECTOR:

AT - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

3. SEX

MIDDLE Colletta

E.

White

166 SOCIAL SECURITY NO

091-03-8802

17 INFORMANT

NO [

Gemma

YES KT

ADDRESS Mr. Francis J. Colletta Sr.

Ave. 3317 Rosekemp

DADT L DEATH WAS CALISED &	one cause per line for (a), (b), and (c). BY: CAUSE (a) ARD I AC
8702	DUE TO, OR AS A CONSEQUENCE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TO, OR AS A CONSEQUENCE OF INMACATION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LS 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

21a.	ACCIDENT WAS UNDERLYING	19
000	CAUSE OF CAUSE OF	00

21h TIME OF INJURY 30 P.M.

NOT. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 198 21e. PLACE OF INJURY

NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased fram

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | true

211 LOCATION STREET

22b. SIGNATURE

ATTENDING

MEDICAL DIRECTOR PHYSICIAN 22¢ DATE SIGNED

22e ADDRESS

Cremation

MEDICAL

Aug. 22, 1987

1746-18

231 NAME OF CEMETERY OR CREMATORY Westview Memorial

DEGREE

23d LOCATION CITY OR TOWN Catonsville Balto.

Md.

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR J. Ruck Inc. Baltimore, Maryland

250. DATE REC'D: BY REGISTRAIL Sh, REGISTRAR'S STGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

						19 02
	101 .2.		10110			
After .nyl oblasia: "60"					.bh	
a Fried in gradual Total				b Fora		
one that is stanting fine.	Ve. Peper	Scoutt - 6-	200			
		7				
towness 400 to comment note	on Killanda					
AC. AM PROL WELL WELL WORDS		vivania 7	201, 12		11000	
	- besign					

06361

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	58	FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	IENE / REG. NO	2 5	8	4
		ORPRINTI ALONZO	MIDDLE	COLLII	V5	20 DATE OF DEATH	MONDAY DAY	YEAR	26 HOURS
	3. SEX	n	A. RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDI	DAYS	IF UNDER 24 HRS HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTI	RY? 8. MARRIE WIDOWI	DE DIVORCED	BALTIMORE CITY O	_	HTA	MD.
		BOLTIMARE		MES) (d	SYSTIM	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OI DUSTRY	F BUSINESS OR
100	USUA 130 S	TATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 130 CITY OR TO	OWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS		57	21223
	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		£AS1	
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SI VE WAR OR DATES)	ECURITY NO.	HOSPITAL (OJAKT 22	ss ১, ৫মন্ডেম	ण जा	: BOIT.
			DUE TO, OR AS A CONSE	QUENCE OF	CAZ DISSOCIA CONTILIZIA CORSORVETIMO				MATE INTERVAL INSET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196. CONDITION FOR WH	PCRFO	MOTUS WOULD		20b IF YES, WERI	E FINDIN	IGS USED
	MEDICAL CERTIF	23g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE LITHER NOTIFY MEDICAL EXAMINET CONTRIBUTION OF THE CONTRIBUTION OF TH	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE 21f LOCATION STREET	YES NO		PART 2)	NO
		220.1 certify that (1) this hosp	ot view the body ofter death.	of the same of	nd that in (my) (a) opinion of DEGREE ATTENDING		22	from the c	
		22d PHYSICIAN'S NAVAL TYPE OF	OR PRINT) OR JW. M.D	\	PHYSICIAN [IAN 🗷	D	21201
	(URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 2 8-17-87	30 NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUN	414	STATE

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

State Anatomy Board

Removal 24 FUNERAL DIRECTOR

Balto., Md.

AUG 24 BBT guid Delicar's SIGNATURE

				-					
У١	А	I E	OF.	M	AK	Y L	ΑI	NII)

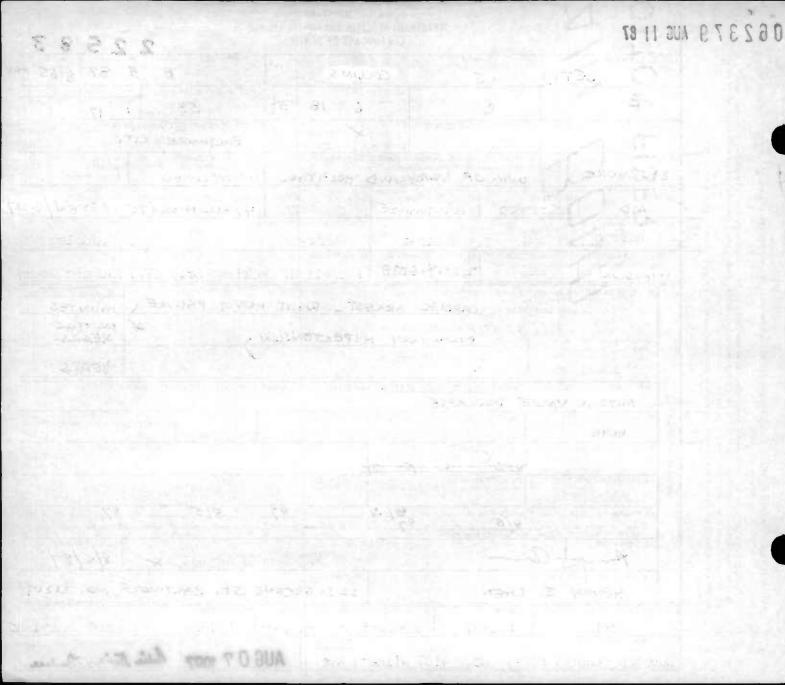
DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
CE	RTII	FICATE	OF	DEATH	

62379 4	31	FPR 87			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	IENE	_			
	I DEC	REGISTRAR EASED NAME	FIRST		MIDDLE		AST DEATH	REG.'N	MONTH			8 3 26 HOUR
noy be poge 3	2 (5)		Betty	Ja 4 RACE	ine	_	OLLINS	6. AGE (IN YEARS LAST BI	8	5 E		8:55
ge 4 m ector. p	3. SE)	F	M.	* RACE	Tisky.	MONTH	DE BIRTH	5.	_	MONTHS	DAYS	HOURS
nerol dir		RTHPLACE (STATE OR F OUNTRY) Maryland	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY		CITY	TH	
by the fu		Y OR TOWN OF DEA	TH		H FACILITY, GIVE STREET	ADDRESS)	NOITUTITZNI REHTO RO	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMÉMAKE	OF WORKING			BUSINESS
filled in	USUA 13a. S	L RESIDENCE (IF NURS	136 COUN	other institution TY imore	GIVE RESIDENCE BEFORE 13r. CITY OR TOW Arbutus	N ,	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 4740 Aldga	/zipccate C	green,	212	227
and plately	FA	Warren	٨	E.	Stearn	ıs	15. MOTHER'S MAIDEN NA/ Mary	ME			Rid	gley
n ond; co		(AS DECEASED EVER es, no or unknown) NO		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 212-34-6		Russell W. C	ollins, Sr		770 Al	dgat	e Gre
leading physics in the corbon paper in the cor			IMMEDIAT	E CAUSE (o)	CARDIAC RAS A CONSEQUE PULMONA	ARIZ NCE OF	EST_ RIGHT HMPERTENSION		WRE	m Ca	ONT	
by the oate remot		gave rise to imm cause (a), statin underlying cause	nediote g the	DUE TO, O	R AS A CONSEQUE			1			rea!	ي
Then ple to burio mjury, o	NOI	PART 2 OTHER SIGN			-	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NOITION	GIVEN IN PA	ART 110	
1119	CERTIFICATION	NONE	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF IN CER	YES, WERE F RTIFYING CA YES [USES C	SS USED OF DEATH?
certicate molitica molitica molitica molitica molitica molitica molitica molitica molitica molitica molitica molitica mol	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	HOUR &	M) MONTH DA	YEAR		RED (ENTER NATURE OF INJ	URY IN ITEM	18 PART I OR PA	ART 2)	
the this hand to hand to	MED	21d INJURY OCCURE WHILE NOT WH AT WORK ALWOR	OLE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUN	VTY	STATE
CTOR. A for vier of Healt		22a I certify that (1) saw the decease above, (1) (we) (a	d olive on.	8/5	19	8/3	nd that in (my) (••••) opinion (, to8/5 death occurred on the o	date and f	nour and fro		ouses stated
EAL DIRECTORY THE NO.		22b. SIGNATURE	40	2_			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN R	220	DATE S	IGNED
O FUNER hould be d		22d PHYSICIAN'S NA		CHEN	F7-14		22 S. GREEN	est, BA	LTIM	ore,	no,	2120
BP		URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 8/8/			emetery or crematory	23d LOCATION CITY OF TOWN R Elkridge		тоинту Ноwa		Maryl

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)



064399 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	RATE			DEFARI	CERTIF	ICATE OF DEATH	8 7	REG.	2 5	8	4
	CEASED NAME	FIRST		MIDDLE		AST	2a DATE C		MONTH DAY	YEAR	26 HOUR
		CATHE	RINE	C.	CC	LLINS	A1101		29, 198	/	PM
3 SE	X		4 RACE		5 DATE C		6 AGE AN	YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
1	Female		Whit	.e		ber 13,1906		80	YRS	0213	THE STATE OF THE S
	RTHPLACE (STATE OR F		U.S.A	what country?	MARRIE WIDOWE	D NEVER MARRIED	Balti		City	DEATH	MD.
	ltimore	TH /		HOSPITAL, NURSIN St. MICHE		OR OTHER INSTITUTION		OCCUPATION NO STOR		26 KIND C NDUSTRY MEDIC	OF BUSINESS OR
130	AL RESIDENCE (IF NURS STATE LARYLAND	13W COUN	OTHER INSTITUTION ITY IMORE	GIVE RESIDENCE BEFORE 13c CITY OR TOW CATONSV	/N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET 6215	ADDRESS /	ZIP CODE ORTH RO	AD 2	21228
15	MICHAEL		MIDDLE	COUGHL	AN	15 MOTHER'S MAIDEN NA ELIZABET		MIDDLE		EDAMŜ	SON
	NAS DECEASED EVER		MED FORCES? E WAR OR DATES)	218-01-2		17 INFORMANT RAY EHRHART	8903	KILKE		1236 . BAI	LTO. MD.
NOI	Conditions, if any, which gave rise to immediate			R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TER/	MINAL DISEA:	SE OR COND	DITION GIVEN I	N PART 1	0
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	n for which operation was performed			OPSY?	206. IF YES, WE IN CERTIFYING YES		
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDII	AUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR 19	21c. HOW INJURY OCCUP	RRED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
MEC	21d INJURY OCCUR!	INE [OF INJURY REET FACTORY, OFFICE, I	FARM, ETC)	STREET		CITY OF TOV	VN	COUNTY	STATE
	220. I certify that (I) sow the decease obove. (I) (we) (C	ed alive and did) (did no	R PRINT)	_19_	- 0	nd that in (my) (our) opinior DEGREE ATTENDING PHYSICIAN (medical	SIAF	te and hour one		
	BURIAL, CREMATION,		23b. DATE	236		EMETERY OR CREMATORY	CIT	ATION Y OR TOWN	7	OUNTY	STATE
	BUR:	IAL	9/1/8	3/ NE	W CAT	HEDRAL CEMETE	DVI	ALTIMO			ARYLAND

DHMH - 16 60M 7/B4

BP

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

(VRA 15, 4)

1630 Edmondson Ave. Catonsville MD 21228 AUG 3

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Divideon Randall

and the statements of the community of the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certained by the hospital or ottending physician. 10 FM	4				nt.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certained be executed within 24 hours ofter death. Page 4 may late the spital or oftending physician. TO FUNERAL DIRECTOR. After this certificate has been agained the should be detached for use as the buriolations in permitty field of the should be detached for use as the buriolations in permitty field of the should be filed within 72 hours ofter deawith the State Dept. of Health and Mental Hygiene prior to buriolations in the medical examiner must be indicated at once.		9		e tr		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 most one based or other draws of the state of the secution of the physician. O FUNERAL DIRECTOR. After this certificate has been eggined to the state of the physician of the state of the secution of the state of the state of the secution of the		2 2		de d		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 stained by the hospital or attending physician. DOR A property of the hospital or attending physician by been regioned that the control of the physician of the hospital of the physician of the hospital of the hospital permitteness and the hospital of the hospital of the hospital permitteness and the hospital of the hospita	-	~ E		0 0	401	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page stained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been rigged should be detached for use as the buriol-transit permitty and the permitty of the property of the permitty of the property of the property of the permitty of the property	/ «	. 4		0.0	200	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN—The low requires that the death certaincre be executed within 24 hours offer death. Performed by the hospital or offending physician. TO FUNERAL DIRECTOR. After this certificate has been again to should be detached for use as the buriolatrons permitty and should be detached for use as the buriolatrons permitty and the should be detached for use as the buriolatrons permitty and the should be detached for use as the buriolatrons of permitty and the state Dept. of Health and Mental Hygiene prior to buriolate matters.	40)	90		rec	1	to-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death etained by the hospital or attending physician. O FUNERAL DIRECTOR, After this certificate has been 490 to should be detached for use as the burital-transit permitting the with the State Dept. of Health and Mental Hygiene prior to burital common. MPORTANI: If them 21 is morked at item 18 shows any injury, or either the medical programmer, must be indified at on.		4		£ 6		8-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certricale be executed within 24 haurs ofter destanced by the hospital or attending physician. TO FINE DIRECTOR: After this certificate has been eighted to the control of the cont		车		72		5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercised within 24 hours offer to LONERAL DIRECTOR. After this certificate has been eighed should be detached for use as the buriol-tronsit permitty from the control of completely fulled in by the fishould be detached for use as the buriol-tronsit permitty from the control of the permitty for the properties of Health and Mental Hygiene prior to buriol. The medical exemined in the medical exeminer must be notified.		de		Pro Ch	0	25
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off to European DIRECTOR. After this certificate being personal p	1	ě		W W		-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 HOSPITAL OR ATTENDING PHYSICIAN—The low requires that the deedth cernicale be executed within 24 hours etained by the hospital or ottending physician. C. FUNERAL DIRECTOR. After this certificate has been dig permitted by the hospital or ottending physician been been deed to the care on a connoine connoine or permitted in by should be detached for use as the buriol-transit permitted permitted by the state Dept. of Health and Mental Hygiene prior to burial connections. MPORTANT: If them 21 is morked or them 18 shows any injury, or effective and the medical examiner must be an expectation.	-	- fo		t p		-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 De HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 has etailised in a street this certificate to be been explicated. The Common one common common should be detached for use as the biricial-transit permitting the with the State Dept. of Health and Mental Hygiene prior to burial. Common common street of the more than the State Dept. of Health and Mental Hygiene prior to burial. Common street of the mental street of the more than the medical grammer. Thus have the more than the medical grammer must be more than the medical grammer.	20	272		50	190	5-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 to bush the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been eight should be detached for use as the busind-transit permitted prior to busind the State Dept. of Health and Mental Hygiene prior to burial contract. MPORTANT: If then 21 is marked or item 18 shows any injury, or other transitions of the medical examiner may	2	ho		مِ ج		9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND OF HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within to Function of completely fishould be detached for use os the burnothrosit permitty produced by the Stote Dept. of Health and Mental Hygiene prior to burial, and completely fishould be detached for use as the burnothrosit permitty field plus with the Stote Dept. of Health and Mental Hygiene prior to burial, and completely find them 21 is morked or them 18 shows any injury, or other true that	91	24		0 5		200
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYN O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with etained by the hospital or attending physician. CO FUNERAL DIRECTOR: After this certificate be been right to the death certificate to some one disconding the should be detached for use as the buritality ones to permit the state best of Health and Mental Hygiene prior to burial. In manual cash pages, Lond 2 with the State Dept. of Health and Mental Hygiene prior to burial.	4	.5		y of		5-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI OF HOSPITAL OR ATTENDING PHYSICIAN—The law requires that the deeth cermicale be executed we standard by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been vigal of the should be detached for use as the buriol-transit permitting between the should be detached for use as the buriol-transit permitting by with the State Dept. of Health and Mental Hygiene prior to buriol. Common etc. Poges Landam Apportant, of themedical programment.	Ε	ŧ		2 te	-	in in
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, in etained by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate hos being 190 deshibit of a connound commissional de detached for use as the burial-tronsit permitting the with the State Dept. of Health and Mental Hygiene prior to burial. The medical medical is morked or frem 18 shows any injury, or ethilities at the medical properties.	A	, T		200	4	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE OF HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certified be exect to Fund by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been egging should be detached for use as the buriol-transit permitted by the with the State Dept. of Health and Mental Hygiene prior to buriol. MPORTANT: If then 21 is morked or item 18 shows any injury, or other transit.	2	- o		E O	1	1 6000
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cermicals be extended by the hospital or attending physicion. DO FLOVERAL DIRECTOR. Should be detached for use os the buriolitronsit perminal methods with the State Dept. of Health and Mental Hygiene prior to buriol, extended with the State Dept. of Health and Mental Hygiene prior to buriol. The median Mental Hygiene prior to buriol. The median Mental Hygiene prior to buriol. The median Mental Hygiene prior to buriol.	S.	4	-	o o		0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certained be stained by the hospital or aftending physician. TO FUNERAL DIRECTOR After the secrificate has been right of the stained for use as the buriolstronsis permitting between the stained for use as the buriolstronsis permitting between the state Dept. of Health and Mental Hygiene prior to burial controls. MPORTANT: If them 21 is morked or Hem 18 shows any injury, or effective cities.	S	ě	(C)	00		Per
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate stained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been consistent in the carbon of the bornel of the bornel than the should be detached for use as the burial-transit permitting the with the State Dept. of Health and Mental Hygiene prior to burial consistent minimater. MPORTANI: If them 21 is morked or hem 18 shows any injury, or effective that	È	Pe	0	5 07		-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E CO HOSPITAL OR ATTENDING PHYSICIAN-The low requires that the death certained by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate has been tigged as should be detached for use as the buriol-troosit permitting the with the State Dept. of Health and Mental Hygiene prior to burial.	A	M-8	200	0 0	ă.	=
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate hos been egged should be detached for use as the buriol-transit permitment per with the State Dept. of Health and Mental Hygiene prior to buriol.		O	Gal	E.S	2	8
DIVISION OF VITAL RECORDS, 201 W. PRESTON O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the hospital or attending physician. TO FUNERAL DIRECTOR. After the certificate has been rigged should be detached for use as the buriol-tronsit permitty permitting the with the State Dept. of Health and Mental Hygiene prior to burial certainty. MPORTANT: If them 21 is morked or them 18 shows any injury, or effect the	ST	CE	44	0.0		38
DIVISION OF VITAL RECORDS, 201 W. PRESTGO HOSPITAL OR ATTENDING PHYSICIAN—The low requires, that the deed etailed by the hospital or oftending physician to be provided by the hospital or oftending physician hos began to should be detailed after this certificate hos began to go with the State Dept. of Health and Mental Hygiene prior to burial conditions with the State Dept. of Health and Mental Hygiene prior to burial conditions.	Z	4	40	を製	80	綳
DIVISION OF VITAL RECORDS, 201 W. PRE, on HOSPITAL OR ATTENDING PHYSICIAN—The low requires that the detailed by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate hos bean riggled should be detached for use as the burial-transit permitting of with the State Dept. of Health and Mental Hygiene prior to burial, at many MPORTANT, If them 21 is marked or hem 18 shows any injury, or entertransity.	ST	LOS	- \	2.0	8	F.
DIVISION OF VITAL RECORDS, 201 W. P. O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the stained by the hospital or ottending physicion. The UNERAL DIRECTOR. After this certificate hos been 40g of should be detached for use as the burial-transit permitt freely permit the State Dept. of Health and Mental Hygiene prior to burial commendation.	RE	P		勁	4"	P.3
DIVISION OF VITAL RECORDS, 201 W O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that etained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been egiped should be detached for use as the burind-transit permitted per with the State Dept. of Health and Mental Hygiene prior to burial. MPORTANT: If them 21 is marked or Hem 18 shows any injury, or other	۵.	and I	-	23	\$	+
DIVISION OF VITAL RECORDS, 201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires it to EUNERAL DIRECTOR. After this certificate has been visigned should be detoched for use as the buriolstronsis perminal results with the State Dept. of Health and Mental Hygiene prior to burio MPORTANT: If then 21 is marked or them 18 shows any injury, or	3	10	=	24	9	8
O HOSPITAL OR ATTENDING PHYSICIAN—The law require tained by the hospital or attending physician. TO EUNERAL DIRECTOR. After this certificate hos been dishould be detached for use as the buriol-tronsit permitting with the State Dept. of Health and Mental Hygiene prior to bumPORTANI: If tem 21 is morked ar item 18 shows any injury,	0	C1	· J	3=	0	ō
DIVISION OF VITAL RECORD O HOSPITAL OR ATTENDING PHYSICIAN: The low required by the hospital or ottending physicion. TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the build-tronsit permitty with the State Dept. of Health and Mental Hygiene prior to MPORTANT. If them 21 is marked or frem 18 shows any inji	s'	(=	5	6	P	7
O HOSPITAL OR ATTENDING PHYSICIAN-The low retained by the hospital or attending physician. The low roughed by the hospital or attending physician should be detroched for use as the buriol-tronsit permit with the State Dept. of Health and Mental Hygiene prior MPORTANT. If them 21 is morked or Item 18 shows any	2	-	0	CL	0	5
DIVISION OF VITAL REK O HOSPITAL OR ATTENDING PHYSICIAN: The low etgined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos E should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene p	0	>	0	\$Q.	Ö	2
DIVISION OF VITAL I O HOSPITAL OR ATTENDING PHYSICIAN: The stained by the hospital or attending physician. TO EUNERAL DIRECTOR: After this certificate his hould be detached for use as the buriol-tronsit purith the State Dept. of Health and Mental Hygienn MPORTANT: If them 21 is morked or item 18 shown	E	ò		s b	0	0 5
O HOSPITAL OR ATTENDING PHYSICIANI-T etained by the hospital or attending physici TO FUNERAL DIRECTOR. After this certificate should be defacthed for use as the burital-transity with the State Dept. of Health and Mental Hyginghospital and the State Dept. of Health and Mental Hyginghospital State Dept.	=	9	0	5 9	6	30
O HOSPITAL OR ATTENDING PHYSICIAN etoined by the hospital or otherding phy TO FUNERAL DIRECTOR. After this certainers should be defloched for use as the burial-transmit the State Dept. of Health and Mental HympoRTANT: If them 21 is marked or them 18	E	OI	SICI	ns.	79	ds s
O HOSPITAL OR ATTENDING PHYSICI etained by the hospital or attending p. TO FUNERAL DIRECTOR. After this cent should be defoched for use as the burial with the State Dept. of Health and Memte.	>	X	h	fro fro	I	8
DIVISION O HOSPITAL OR ATTENDING PHYS etgined by the hospital or ottending TO FUNERAL DIRECTOR. After this should be detached for use as the bur with the State Dept. of Health and Me MPORTANT. If them 21 is morked or It	ō	O	CIII	0	nto	EC
O HOSPITAL OR ATTENDING PH etained by the hospital or aftern the Foreign of the content of Fundamental or of the content the State Dept. of Health and with the State Dept. of Health and MPORTANI: if them 21 is morked or	Z	75	C P	200	Me	-
O HOSPITAL OR ATTENDING stained by the hospital or off TO FUNERAL DIRECTOR: After should be detached for use as it with the State Dept. of Health or MPORTANT: if tem 21 is marken	S	F	ence	후	P	P
O HOSPITAL OR ATTENDIN etained by the hospital or TO FUNERAL DIRECTOR. Af should be detached for use o with the State Dept. of Health	≥	0	0.0	s ter	0	- A
O HOSPITAL OR ATTENI etained by the hospital. TO FUNERAL DIRECTOR. should be deflocked for us with the State Dept. of Hee	۵	2	ŏ	e A	-	OF
O HOSPITAL OR ATTER		Z	-0	2 5	I	·2 C
O HOSPITAL OR A stoined by the hos TO FUNERAL DIRECT Should be detected with the Stote Dept.		T	piè	5 5	of	2
O HOSPITAL OF etained by the ITO FUNERAL DILL should be deforthwith the Store De MPORTANI: If F		× ~	hos	ed Be	p.	50
O HOSPITAL etained by th TO FUNERAL should be dett with the State		Ö	e	200	O	=/
O HOSPIT TO FUNER should be comit the Str		AL	=	Al	ote	=
O HOS etained TO FUN should t		-	و	Je S	S	X-
Shoul MPO		OS	ped	5 P	the	RT
0 = 5 = 3 5-		I	0	0 0	£	PC
		5	- Le	Sh T	3	≥-

STATE OF MARYLAND

1	1 -	FOR - STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG	2 5	8 5		
		CEASED NAME FIRST	,	MIDDLE	Ł	AST	20. DATE OF DEATH	MONTH DA	YEAR	2b HOUR
		GLENDOR	A		COLLI	INS	AUGUST 3,	1987		10;30A
	3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
		FEMALE	BLACK		3	2 23 YEAR 23	64	YRS.		
1	70. 81	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
2		MD	U.S.		WIDOWE	D DIVORCED	BALTIMO	RE CITY		MD.
_	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
5		ALTIMORE	THE JOH	NS HOPKI	NS HOS	SPITAL	DOMESTI	_	N/A	
5		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13c. CITY OR TOW BALTO.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A		RFFT	21205
	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			
12		WILLIAM	MIDDLE	COLLIN	S Sr.	PRISCILLA	WIDDLE		BROO	
		WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	0 0.	17 INFORMANT	ADDRE	SS	DIVOO	K.D.
	()	YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES	220-22-	3405	WILLIAM COLL	INS JR. 714	N. MO	NTFORD	
Whating's		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per	line for (a), (b), an	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	-	IMMEDIATE CAUSE (0) RESpiratory arrest								
		Conditions, if any, which (b) brack stem infarction								(week
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	RAS A CONSEQUI	Strok	Le			1	week
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			DITION GIVEN	N IN PART 110	
2	CERTIFICATION	190. DATE OF OPERATION 196. CONDI		TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			OF DEATH?
7	ERT	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	F INJURY	IN IURY 1216 HOW IN IURY OCCUR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		
>		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D		The trott is sold occount	LEWISK NATIONS OF 1990.	ACTIVITIES OF AN	. , 04 , 44, 21	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P. PLACE		19	211 LOCATION				
	WE	WHILE NOT WHILE AT WORK	LAT HOME STE	EET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CTTY OR TO	WN	COUNTY	STATE
7	4	sow the deceased alive a obove. (1) (we) (did (did n			87/	d that in (my) (our) opinion of	to Alg S	nte and hour o	- ,	that (we) last
0		obove, (1) (we) (fild) (did n 22b. SIGNATURE	at) view the body	ofter death.		DEGREE		1000	22c. DATE	SIGNED
7		Small Sch	elec		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
-	- 1	22d, PHISICIAN'S NAME (TYPE				22e. ADDRESS				
1		JONATHAN	1 SCHA	LESTEIN		600 N. W		ET	•	21215
		BURIAL, CREMATION, REMOVA	23b. DATE 8/8/8			ORE CEMETERY	BALTIMOR	Ε.	COUNTY	MD
	24. FU	UNERAL DIRECTOR			1 1	25a. DATI	E REC'D. BY REGISTRAR		R.S.SICHLY	UDS
	V	MM.º℃. MARCH F/	H, INC.	1101 E.	NORT	H AVE. AUE	7 1987	frein D	under-	Carliery.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

The Later Comments of the Comm

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2	5	8	
		. 20	

		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DE	нтиом НТА	DAY	YEAR	Zb. HOU	IR P
	[TYPE	OR PRINT)	ROBER	T	Α.	COLI	LINS		AUGUST	20, 19	987		5:0	0 M
	3. SEX	(4. RACE		S. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)		FR I YEAR	# UNDER	
		Male		Whi	te	MONTH	DAY	1972	15	YR	MONTH	DAYS	HOURS	MIN.
2	7a. BII	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE			EATH		
1		orth Caro			5. A.	MARRIE	D NEVER	WARRIED X		TIMORE				MD.
1	in ci	BALTIMOE			HOSPITAL, NURSIN H FACILITY, GIVE STREET JOHNS HOP		OR OTHER INS HOSPIT		126. USUAL OCC		G LIFE) 121	L KIND C	ucat:	ion
2	Ba. S	AL RESIDENCE IFN	No COU	NTY	Rocking	N	13d INSIDE C	ITY LIMITS?	13e STREET ADD	RESS / ZIP CO		99	199	9
3	W. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA		DDtE		1.41	*	
C	/	Robert		B.	E-101	llins		Barba		DOTE		Mc	Corm	ick
y	Ión V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDRESS N	orth			
D	{}	res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	241-27-	21165	Dobos	A D C	077400 1					
							Rober	T D. U	ollins 1	904Easo	n ur			
H		18 CAUSE OF DE. PART 1. DEATH	ATH (Enter or	ly one couse per	line for to 1, (b), and		1		,		-		MATE INTE	DEATH
				re CAUSE (a)	pulmo	nary	ne	morph	age			5N	an	
				DUF TO O	R AS A CONSEQUE	NCE OF			2					
		Conditions, if a	ny, which	(16)	Coalne		hy.					53	DAKS	2
		gave rise to it cause (a), sto underlying cai	ating the	DUE TO, O	R AS A CONSEQUE	U	/	216	الأناءان					
	NOI		,		imphacy to				1 .	condition when		PART 1	a.	
	CERTIFICATION	190 DATE OF OPE			ITIÓN FOR WHICH				YES NO NO	IN CEI	YES, WER RTIFYING YES			TH?
2	E	71g. ACCIDENT WAS	UNDERLYING T	1 216. TIME O	F INJURY	- ' '	Izic HOW IN	JURY OCCURE	RED (ENTER NATURE			P PART 21	140	
/		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR		John Geedin	N/A	-	10 / 11/ / 0			
	MEDICAL	21d INJURY OCCI	WHILE WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATI		1A CI	TY OR TOWN	C	OUNTY	4	STATE
		22a.l certify that	(1) (this-tiospi	tat) ottended th	e deceased from_	8	-11	19 87	, to	5-20	_, 19	87	that (ITT)	Zellast
				f view the bady		7.,01	nd that in (my	(eur) apinian	deoth occurred or	the date and	hour and	from the	couses st	ated
		22b. SIGNATURE					DEGREE		J 1-2	100	2	2c DATE	SIGNED	- 17
		200	en	_		ny	som!	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	0	8-	20	87
		22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)			22e. ADDRES							
		Jan	is 1-01	covara			THH	600	11 61016	57	20	1	ere M	A 2121
	73a B	SURIAL, CREMATIO				NAME OF C	EMETERY OR		123d LOCATIO		asay	7711	70,	
	(SPECIFY) Buri		8-24			am Cem		CITY OR 1	NWC	COU		-	TATE
		Duri	Cl. J.	0-24	7-0/		amela would	0001	LKOCKI	ngham.R	1 chm	and	Vantl	n 00 -

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR.

enall the detached for use as the burial-transit is an in the State Dept. of Health and Mental Hyg

MADRIANT: If hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

Marzullo Funeral Service

24 FUNERAL DIRECTOR

Upperco, MD.

Rockingham, Richmond, North Car.

		FOR	DEP		OF MARYLANI		ENE O	225	87
	1 -	STATE REGISTRAR		CERTIF	CATE OF DEA	ATH	REG. NO.	Co la d	
11		CEASED NAME FIRST	MIDDLE		AST		26 DATE OF DEATH WORTH	DAY TEAR	26 HOUR
	1 00	Shirley			llins		8/1/8	4	1:30 6W
	3 SEX		4. RACE	S. DATE O	OAY	YEAR	AGE IN THE CAST REPORTED	MORNES LAND	HOURS MAL
10	7a BI	RTHPLACE (STATE OR FOREIGN	BLACK 76. CITIZEN OF WHAT COUNT	TRY? 8	10	33	9 BALTIMORE CITY OR CO	UNITY OF DEATH	
67		COUNTRY	U.S.A.	WIDOWE	NEVER MAI	RCED -	Baltimore		MD
111	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C			120 USUAL OCCUPATION	12b. KIND OF	F BUSINESS OR
14	Ва	altimore	Union Memori	ial Hosp	ital		UNEMPLOYED	KING LIFE) INDUSTRY	
	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE E	BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP	CODE	
	14.50	MD THER'S NAME	BALTO	0.	YES X N		2618 E. PRE	STON STREE	T 21213
)	FIRST	MIDDLE LAST		FIRS		MIDDIE	LAST	
0	16a V	ROBERT VAS DECEASED EVER IN U.S. AR		IMORE SECURITY NO.	MARIE 17 INFORMANT	-	ADDRESS	HAL	
nedical control of the district of the distric	(1	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	Δ	MIDDEV	ATTI	MORE 3723 ELM	ORA AVE	
		IS CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b)	or, and icit			HONE STES LEIN		MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (O) NOVI	an Ca	reinomo			12/8	5-8/7
-	10		DUE TO, OR AS A CONSI	EQUENCE OF					" 1
5	1	Conditions, if ony, which gove rise to immediate	(p)						
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	EQUENCE OF					
-	13	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART LIG	
	20								
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	WAS PERFORM	ED	200 AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED OF DEATH?
7	RT F	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121- HOW/INDE	av occupat	YES NO	YES 🗌	NO 🗌
0		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJUI	KT OCCURRI	ED (ENTER NATURE OF INJURY IN ITE	M IB PART (OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
1	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	1	22a. I certify that (I) (this hospi	ital) attended the deceased fr	om 7/3	21	19 8 /	. to 8/7	. 19 8 7 . 11	hot (I) (we) lost
7		sow the deceased alive an above, (1) (we) (did) (did no	of view the body after death.	19, on	d that in (my) (ou	r) opinion d	eath occurred on the date an	d hour and from the c	ouses stated
L L		276 SIGNATURE	,= = = = = = = = = = = = = = = = = = =	m	DEGREE	NDING	MEDICAL STAFF	22c. DATES	IGNED
<u> </u>		22d. PHYSICIAN'S NAME (TYPE O		111		SICIAN		18/1	181
2 /		T. O'Brien,			11e ADDRESS	Unic	on Memorial Ho	enital	
1	73n F	BURIAL, CREMATION, REMOVAL		23r NAME OF C	EMETERY OR CRE		123d LOCATION	Spicar	
		BURIAL	8/11/87	EASTVIE			DUNDALK.	COUNTY	MD
7/B4	24 FU	UNERAL DIRECTOR					REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATU	
ON		WM. C. MARCH F/	/H, INC. 1101°	E. NORT	H AVE.	AUG	3 1 0 1987 1	lia Nead .	0.1.0

The contract of the contract o

22538

062539 AU DIVISION OF VITAL RECORDS, 201 W. PHESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	BENE / 2	2 .	5 8	9
	CEASED NAME FIRST	WIDDIE	i	AST	20 DATE OF DEATH		Y YEAR	76 HOUR
10	France	es Lenore	Ce	ondry	Au	gust 1	0, 1987	4150
3	01	4. RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	Female	White	Oct.	. 29, 1917	69	0.00	ONTHE DAYS	HOURS MIN.
7a BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
	COUNTRY	115 1		D NEVER MARRIED				
diam'r.	West Virginia	11. NAME OF HOSPITAL, NURSI		DIVORCED DIVORCED	Baltim			MD BUSINESS OR
6	A ASTINIO	(JE NOT IN SUCH FACILITY, GRIF STREET		. '	(TYPE OF WORK FOR MOST C			BUSINESS OR
1	DAUIMOKE	South Baltimo	re Ge	neral Hospita	1 Homemake	r	Own Ho	me
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	L ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		1007
N	Maryland A A	Co. Glen Bu	rnie	YES TO NOX	313 Fernda	le Roa	d 21	1061
34)FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME _MIDDLE	LOUIS TO		
1	George.	Turner		Rebecca	- Agoott		Riggle	eman
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT (Son	ADDRE	SS		
1	YES, NO OR UNKNOWN) (IF YES GIV	A 217.10.5	284	James L. Con		Sa	me as	13
		nly ane cause per line for iai, (bi, ai		James L. Con	Huly	Dai		MATE INTERVAL
TIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	DEATH BUT	werre	VES NO	120b IF YES,	WERE FINDIN	GS USED
8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)	
CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
MEDIC	71d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	270.1 certify that (1) (this hasp saw the deceased alive an	nital) attended the deceased fram.	87. ar	nd that in (my) (our) opinian	, to death occurred an the d			hat (I) (we) last
	above, (I) (we) (did) (did no 27b SIGNATURE	at) view the body after death.	,	DEGREE			22c DATE S	
	$\bigcap \bigcap \bigcap$	challe	110	ATTENDING	MEDICAL STA		811	187
	22d PHYSICIAN'S NAME (TYPE O	OR BRINT!	70	PHYSICIAN [DIRECTOR PHYSIC	IAN DA	10/1	110 7
	MICHAE	EL KAZI	tic	7001	SIHANO	NER	ST. B	ACTIM
	BURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial //	Aug 13, 1987 M	eadowr	idge Mem. Par		How	ard Co	. Md.
24 F	UNERAL DIRECTOR	of -	-14		E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATU	JRE
S	100.00	ADDRESS 1 Home Glen Bur	nie.	Maryland Air	3 1 1 4007	1. 50	idan 13	mobile .
					J + 190/			

DHMH - 16 60M 7/B (VRA 15, 4)

SEOF I S DUA

250 April 100 Ap

062541

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	b 87	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 2 2	90
	(TYPE	ORPRINI) ANGEL	Mary Mary	CONSULY	20. DATE OF DEATH MONTH	77 87 HERM
	3. SEX	Female	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 7 25	Col YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
5	1	Md.	LSA	MARRIED NEVER MARRIED WIDOWED	Baltimore City or County Baltimore C.	ity MD.
8	to	ALTIMORE	WIVERSITY H	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Clerical	126 KIND OF BUSINESS, OR INDUSTRY CITY Balto Polic
1	13a. S	TATE (1) ANNE	DOLLA F	NO STRUKE YES NO BY	13e STREET ADDRESS / ZIP CODE	CT 21061
4	1/	INTHONY	MARUC	15 MOTHER'S MAIDEN NAM	4 MIDDLE	Imonica
2		no	war or Dates) 579300	6729T Richard	L. Connelly	Same as #13
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ATORY ARZEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS CONSEQUE	WIA, CERETSK	POVASCULAR ACCO TABLADOMA INAL DISEASE OR CONDITION GIVE	Samos NIN PART 110
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES IN CERTIF'	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE F.		CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	AUGUST 2019		, to	9_27_ that (I) (we) last and from the couses stated
,		224 STGNATURE M. K	Geman MS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	21/2/27
1		JAMES M-	KLEMAN	120 ADDRESS 4/1/1/1/S Z	25.GREENE	ST BALTO.
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Rurial	236. DATE 236 N 8/11/87 G3	NAME OF CEMETERY OR CREMATORY Len Haven Mem Pk	23d. LOCATION CITY OR TOWN CIP PUPPIE	COUNTY U COUNTY STATE
	0.4.5	INERAL DIRECTOR	0/11/01 13	tongoo Avo 250 DATE	1 (1 mb (1 d b 1) (d d d d d d d d d d d d d d d d d d	AA CO., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL retained by th

BP.

STATE OF MARYLAND

47%	40	0.3	
	Same	E-3	
diam.	400		

	1:	FOR		DE		E OF MAKTLAND IEALTH AND MENTAL HY	GIENE /	2 2	E 0	1
2774 AUG	W	REGISTRAR				ICATE OF DEATH	0-/	. NO	3 /	
9		CEASED NAME FIR	51	MIDDL€		AST	20 DATE OF DEATI	H MONTH DAY	YEAR 26	HOUR
be 600	(117)	OR PRINT)	JESSIE	W.	С	ONROY	August	12, 198	7	3:30
pod .	3 SE	х	4 RACE		5. DATE		6 AGE (IN YEARS LAS		INDER I YEAR	UNDER 24 HE
ge 4		Female	W.	hite	June	2, 1893 YEAR	94	YRS	UNIS UNIS	JONS WILL
od to di	70 B	IRTHPLACE (STATE OR FOREK	7b. CITIZI	EN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF	DEATH	
leoth of the		England		USA	WIDOW	DIVORCED	Balti	more Ci		^
1 11 01/2	10 €	ITY OR TOWN OF DEATH		ME OF HOSPITAL, OT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	128 USUAL OCCUP		126 KIND OF B	USINESS
2 多	-	Baltimore	Lone	g Green	Nursin	g Center	Homemak	er	Own Ho	
hour Hard			OME OR OTHER INST	13c. CITY C	OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE		21212
24 m	3	MD		Ba1	to.	YES 🔀 NO		Cold Sp	ring I	in.
di in	0	ATHER'S NAME	MIDDLE		AST	15 MOTHER'S MAIDEN N	MIDDI	E	LAST	
11/02	-	John			halley			nown		
жест		WAS DECEASED EVER IN U	S. ARMED FOR	ATES	AL SECURITY NO.	17 INFORMANT			2.672	
pe de		NO		217	20 4894	Mrs. Don	na Manuel	,	MD	
and the state of t		18 CAUSE OF DEATH (E)	nter anly ane co	use per line far (a)	, (b), and (c).1	3	1.1:		BETWEEN ONS	ET AND DEAT
4 4 4	9		AEDIATE CAUSE	(0)		Drone	rens	,	40	un
4 P 0 0	0		DUE	TO, OR AS A COL	NSEQUENCE OF	Carro	Arelai	<i>-</i>	10-	m.
de	X	Canditions, if any, wh gave rise to immedia		(b)		Service	.4	40		1
by the		cause (a), stating underlying cause lo	the DUE	TO, OR AS A CO	NSEQUENCE OF				1.0	
ed by pleas rrial, or al			_ ((c)						
sign hen p o bu	Z	PART 2 OTHER SIGNIFIC	ANI CONDITIO	ONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR C	ONDITION GIVEN	IN PART TO	
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196	CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDING	
hos b	E			-			YES TO NOT	VIN CERTIFYIN	G CAUSES OF	DEATH?
N: The system of		210. ACCIDENT WAS UNDERLY		TIME OF INJURY		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	I OR PART 21	
Clar Dentification of the original ori	4	OR CONTRIBUTING (AUSE	OF DEATH	P.M.	TH DAY YEAR		_	_		
PHYSi ending this ce buri od Mei d or hi	MEDICAL	21d INJURY OCCURRED	21e	PLACE OF INJURY		211 LOCATION	CITY	OR TOWN	COUNTY	STATE
After 14 After 14 olth and marked	E	WHILE NOT WHILE		OME STREET, FACTORY	OFFICE, FARM, ETC.)	SIREET				3.4.0
Property Aft		22s. certify that (1) (this		nded the deceased	fram	1 19 8	(12 19.	87 , the	it (li (ývé) li
TOR TOR		saw the deceased a abave, (n (we) (did) (ive an	7/27	_19_370	nd that in (my) (ay) opinio	an death occurred an th	ne date and hour ar	nd from the car	uses stated
R ATTI hospit ned for spt. of tem 21	4	22b. SIGNATURE	did to view th	P after deal	01	DEGREE			22c. DATE SIC	SNED
of OR the high of the Digital Control of the Dep	1	Khey	ony.	. M	eten	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	8/12	187
by by by Sto Sto	1	224. PHYSICIAN'S NAME	[TYPE OR LAT]			22e ADDRESS	1	0.0	1 0/1-	4
TO HOSPITA retoined by TO FUNERA should be di		Dr. Gregor	rv Wal	ker. MD		Calvert &	& 33rd St	s Bal	to. N	(ID
0 5 0 5 4 4		BURIAL, CREMATION, REM	_			EMETERY OR CREMATOR	23d LOCATION			
BP		Cremation		13/87	Green 1	Mount	Balto.		MD	STATE
	24 F					Albara	AH RIC'D AY REGIST	RAR 256 REGISTRA		gui 1
HMH - 16 60M 7/84		NAME H	·w. Jei	n kins δ_{n}	Sons C	o. 700	1981 1			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

6480

FOR

ST	A	TE	OF	M	ARY	LA	D	
 	-							

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2592 2

- STA	TE GISTRAR				CERTIF	CATE OF DEA	ATH .	RE	G. NO.		
T. DECE ASI	ED NAME	-EORC		W C	oNi	NA4. 9	~	20 DATE OF DEA	TH MONTH	31187	1-15 (
3 SEX	M	4.	RACE .	2	S. DATE C	F BIRTH DAY	YEAR /	6 AGE INVEARSE	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
70 BIRTHPI	LACE ISTATE OR	FOREIGN 76	CITIZEN OF V	SA	MARRIEI WIDOWE	NEVER MAR	RRIED	9 BALTIMORE C	ITY OR COU	NTY OF DEATH	
BA	(formal	2	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET M.C.	ADDRESS)	OO LL	TION 2 /Lex	128 USUAL OCC			OF BUSINESS
130. STATE	nd	13b. COUNTY		13c. CITY OR TOY		13d. INSIDE CITY YES \(\text{NOT} \)	0 🗆	340	RESS / ZIP C	DDE Unos	217 Kan
G-R	FIRST	U	DOLE C	gniastu	A	15 MOTHER'S M	ith.	el ANI	P. L	oswa	20
	DECEASED EVER		ED FORCES? VAR OR DATES)	217-36	W 5 11	VALES	PIEM		ADDRESS 3	Voud Ba	
	AUSE OF DEATH V		BY:	line for 1a1, 16', an		Carh	son a	1 00	100	BETWEEN	MATE INTERVAL ONSET AND DE
gov cau unc	nditions, if any ve rise to im ise (a), stati derlying cause T 2 OTHER SIG	mediate ng the e last.	(c)	AS A CONSEQUI		NOT RELATED TO) THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 11	a
CERTIFICATION 210	DATE OF OPERA	TION	196 CONDIT	TION FOR WHICH	OPERATION .	N WAS PERFORM	ED	206 AUTOPSY	INCE	YES, WERE FINDII RTIFYING CAUSES YES	
00.0	ACCIDENT WAS UN ONTRIBUTING EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	chan etch	RY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART (OR PART 2)	
WHI AT WE		ние 🗍	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION		CIT	YORTOWN	COUNTY	STATI
	sow the decease obove, (1) (we) (ed alive on _	81	deceased from 3	2) 'ou	d that in (my) (ou	or) opinion	death occurred an	the date and	haur and fram the	that (I) (we) couses stated
			uh m.	•		PHY	ENDING ISICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN 🗔	SEL DATE	SIGNED
224	PHYSICIAN'S N	M. SH				2200	LIBE	RTT ht	AVE	, Bul. r	res.
SPECIF		REMOVAL	236 DATE 9/51	87 W	NAME OF C	- laun	- (23d LOCATION	WN	COUNTY	STAT
0 .	AL DIRECTOR	LR.	47	2 L 2 1	Wy	out o	250 DAT	P 3 198	TRAR 256 REC	Sistrar's SIGNAT	

of director, page 3 72 hours after death

Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	2	2		.3	
1	REG NO.	3 1	-	7	7	

t	4 6	EGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	7 3
Ì		EASED NAME ORPHINI	NAVNE	A	AST	20 DATE OF DEATH	28/87	26 HOUR
Ì	3. SEX	1	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
4		MALE	Black	MONTH	DAY STO	30	YRS. MONTHS DA	YS HOURS MIN.
3	7- PIR	THPLACE (STATE OF FOREIGN 71	LOUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	6	MARYLAND	u.S.	WIDOWE	_	BALTI	more CI	TY MD.
	10 CIT	9LTIMORE	1. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR
		L RESIDENCE LIF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		WACHIERO!	PAIT	TO, MO.
	130. S	RYLAND 136 COUNT	136 CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE BAL	21229
7		THER'S NAME		10000	15. MOTHER'S MAIDEN NA	ME	.,, 0, 100 1,10	
)	14 11	NOAH	LAST COOK		OLIV.	1A KEA	ISLEC	LAST
1	/ (Y	1	WAR OR DATES!	RIIY NO.	17 INFORMANT	11 for	1 14	2.2.00
	MA	KNOWN 216-6	2(948)		ULIVIA MC FAC	den 626 y	MICKLOW Pd	212 FI
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and BY:		Livel	Eaile	JAN BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
1		IMMEDIATE	CAUSE (o) ARVAN	C 2 /	13000		,,,	
1			DUE TO, OR AS A CONSEQUE	NCBOF	cir 1:11	ER		
1		Conditions, if ony, which gave rise to immediate	(b)	No	The state of			
1		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF	al Colblise	v.	- 128	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT		INAL DISEASE OR CON	IDITION GIVEN IN PART	100
	N O	0	you self	. 2	Effic an	0 //.	el Fai	Cerr.
ya.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE		IRY IN ITEM 18 PART I OR PART	21
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUNTY	STATE
	\$	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	ARM ETC }	311111		25.6	
		22a I certify that (I) (this hospital		8-12	19_17	to & ~ Z	8- 198)	
		saw the deceased alive an above, (1) (we) (did) (did not)	view the body ofter death	7.0	nd that in (my) (our) apinion (death accurred on the d	ate and have and from t	the couses stated
		22b. SIGNATURE	- m	1.15	DEGREE	LIEDICA: CTA		TE SIGNED
		H	node ee	wer	PHYSICIAN F	MEDICAL STA		.281)
		22d PHYSICIAN'S NAME (TYPE OR	(i) He		TOOO A CAL.	orall. P.	be roll	2/229.
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c M	VAME OF (EMETERY OR CREMATORY	23d LOCATION		
		BURIAL	0 0 50 1	RBUTU	IS MEMIRAL PK	Pal Times	E COUNTY	md. STATE
	24 FU	INERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAP		
	Nu	TTER FUNELAL	Homes Tric. 250	1 Gw	THIS FAIL FE SEP	03 1987, 4	his Davidson-1	Albaba .

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If them 21 is morked or them 18 shows any injury, or other trau

etoined by the hospital or attending physician.

(VRA 15, 4)

SEP 0 2 1987

				12a,12b,1	/ F17	m G631	EPARTA	STA MENT OF		ARYLAN		YGIENI	E	"	2	5	9	2	-
648	U 3 CED -	/. B	STATE 9-4-8 GISTRAR	7, LJ		MED		IMAX		ERTIFIC	201	DEA		REG	NO				
0 7 0	יווע ליו		EASED NAME	FIRST			WIDDLE			LAST		,	20 DATE OF	KNOWN ESTI-	1 K	HINON	DAY		76 HOUR
	FLES. FLES. FLES. FLES.			Melvin			R.			oley			DEATH	MATED	_		29/19		N
	55 T S E	SEX	4 RA	CE	DATE O	DAY DAY	YEAR	6 AGE (IN YI	MONT	DER 1 YR.	HOURS		20 DATI	NCED	AA	ONTH	DAY	YEAR	24 HOUR 26 A M
	A CHANGE		M RTHPLACE (STATE OF	B -	8 CITIZE	1 N OF WH	60 AT COUN	727 Y	To				DEAL DEAL	MORE CIT	YORG		29/19		A M
-	明显是		REIGN COUNTRY)	11	U CITIZE	1) C	A	IRTE	MARR	ED NE	VER MARRI	ED X		timo	_				
	A PROPERTY.	10 CI	MD TY OR TOWN OF DI	EATH	II NAME	OF HOSP	ITAL, NUR	SING HOM				12a USU	AL OCCL	JPATION		- with	26 KIND	OF BUS	INESS
5	20+wW		Baltim	ore	73	6 BAP	7	T-AVE	NUE			FOR A	EMP	LOYE	D		self-	emplo	
100	NATURE NATURE	13a S1	L RESIDENCE IF IN P	136. COUNTY		TUTION, GIVI	13c. CITY	ORTOWN	ION)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDR	ESS			La T		
27	A SHORE		MD	d _a			BA	LTO.		YES 💢	NO 🗆	736	BAR	ÎLÊT	I -AV	ENU	E 2	1218	}
, MD	PM 3.	14. FA	EDWARD		MIDDLE		CO	ÔLEY,	CD	F	R'S MAIDE	N NAME		MIDDLE		TNC	LAS	1	
ORE	88€	16a: W	AS DECEASED EVE	RINUS ARMI	ED FORCE	FS?		IAL SECURI			ANNA			ADDR	ESS	ING	KAM		
BALTIMORE, MD.	JRS AFTER S. GIVE PA WITH FOR T. PAGES I DIVISION	(YE	NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	5)		-84-65		ANNA	INCR	M- 20	40 6	liftw LIFT	hoo	VA I	ENUE		
	WITH PA		18 CAUSE OF DEA			e per line f			134	7.000	2110111	11 20	10 6		Z ha Y	4 / / 4	APPRI	OXMATE II	NTERVAL AND DEATH
PRESTON ST.	24 HOUI ITEM 18 LONG V PERMIT. SIENE, E		PART I DEATH	WAS CAUSED E		a)			На	nging		500					BETWEE	V OIVSET A	NAD DEATH
ESTO	ALC ALC ATYGIN	-	0 10 0				AS A CON	SEOUENCE	OF										
. P.R.	PAR PAR		Canditions, if gave rise to	immediate	< ,,	b)													
01 W.	92X 242		lying cause las		DUE	: 10, OR A	AS A CON	SEOUENCE	OF							w			
DIVISION OF VITAL RECORDS, 201	A SA		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	TO DEATH B	UT NOT RELAT	TED TO THE TER	MINAL DISEAS	DR CONDITIO	N GIVEN IN PAI	T 1 in					1		
8	ULD BE DOWN TO THE ALTH ALL CREWA	NO	357.4.7	100															
AL RE	AL, OLIVE	CAT	190 DATE OF OPE	RATION	19b	CONDITI	ON FOR V	WHICH OPE	RATION W	AS PERFOR	MED?						20 AU1	OPSY?	
VIE	SHC CHILD	RTIFI	OL ENTERNIAL CA	USETHIAS		***** OF								3		16		X	NO 🗆
0	STORES STORES	MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING				MONTH	DAY YEA	R	YRULNI WC				YJURY IN ITEA	M 18 PART	1 OR PARI	1 2)		
Sion	RAILE SHOOP RIOR	DICA	21d INTURY OCCU	IRRED		PLACEO	8/	29/198		bject	nange	ea se	SIL		-				
DIVI	REDE REDE SE 3 201 P	ME	WHILE NO	T WHILE		THEET, FACT	COOM	C)	736	Barl	ett A	ve.	Balt	i mor	e C	itv.	DM YEAR		STATE
	RWAR RWAR R PA		220 I certify the	~ /		1		ve, held an		sy X.	Inspection		Inquiry						-
	ANI PARTE		death resulted to		coves	afra.	Accident	5	icide K		ide .		ermined m			my opi	nian		
	XAN ERTIN LD B DIREC WITH ARY			916	X	7	//	117	eloc		PECIFY)	0110011							
	MALE WALL		ACTUAL SIGNATURE	140	1	M	al	100	M M	D. Ass	istan	t_MEDI	CALEXA	MINER		DATE	8/	29/8	87
	UTE I		EXAMINER'S NAM	Toh	V	Comin	1.01-	M D -			11	1 Do	22 C4	- D	1 de	_	EM.	212	0.1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PR PAGE & SHOULD BE FORWARDED TO THE CHIEF A TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED. PAFIER DEATH, WITH THE STATE DEPARTMENT OF HE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF LAND, 21201 PRIO	73n BI	(TYPE OR PRINT)	OOU		Smia		M.D.	METERY	ADDRESS_			CATION	E., B	ail				
07/84	BP	BU	JRIAL	100	9/4	/87		LTIMOR					TIM	ORF		COUNT	TY.	MD	
25M	DHMH - 17		INERAL DIRECTOR			ADDRESS					250. DATE R		REGISTR		-		GNATUR		
	(VR A15 ME (5))	laif	1. C MARI	CH F/H,	INC.	. 11	01 E.	. NORT	H AVE		SEP	3 1	98/	Julia	Dani	der.	Kanda	A.S.	

	2
	wow
	d
-	Pone 4 mov h
	danse
-1	VALIDIAN. The four recommend short the death respillations be executed another 24 h
0/2	and the
Q.	24 4
RYLA	a.then
WA	. bat
ORE	- Deve
NIT.	a he
80	fire the
N ST	roct
ON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	dense
Y. P.	she s
V 103	show a
DS, 2	- Contract
COR	2 77
AL RE	he to
VII.	N. J
C	-
Z	2
0	>

062630

AUG

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	2	4)	- 4	(2)	d.
	60	60		7	6
REG NO		1.4.5			7

				REG. N			
MIDD	DIE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
IEA F.	S. (CORNISH			8 06	87	
4 RACE				AGE (IN YEARS LAST BIR	THDAY) IF		IF UNDER 24 HRS
BLA	CK	4 07	1915	72	YRS		NOOES MIN
76 CITIZEN OF WH	AT COUNTRY?	DDIED NEVER		BALTIMORE CITY	R COUNTY C	FDEATH	
U. S.				BALTIMORE	CITY		м
						12h KIND Q	FRUS (NESS OF
1916 DRU	ID HILL AVE	NUE					IN STATI
OUNTY 13	CITY OR TOWN		NO [3. STREET ADDRESS	ZIP CODE THE	ALTEMO VENUE	RE, MD. 21217
ILLIAM S	SAUNDERS		FIRST	WIDDLE			
. ARMED FORCES? 16				BAL TAPRI	IRE MA		
	212-38-0181	HOWARD	CORNIS		, , , , , ,		
er anly ane cause per lin	e for (a), (b), and (c)					APPROXI BETWEEN C	MATE INTERVAL
	endioner a	11 actor	ames	1			
	S A CONSEQUENCE C	. 1	1. 1			1	
	-1.	er les les	to beau	oti fail	Kre	1	MO
							1-3
DUL TO, OK A		" su testa	tie in	la resur	ALLEN	12	Urs.
NT CONDITIONS CON		BUT NOT PELATED	TO THE TERMIN	IAL DISEASE OF CON	DITION GIVE	N IN PART 1	-
			, 10 1112 1211111	THE DISCHOOL ON COM			
196 CONDITIO	ON FOR WHICH OPERA	TION WAS PERFO	DRMED	200 AUTOPSY?	20h. IF YES,	WERE FINDIN	IGS USED
						ING CAUSES	OF DEATH?
				YES NO	YES		NO
21b. TIME OF II		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU		T I OR PART 2)	NO []
F DEATH HOUR A.M.	MONTH DAY YE	AR	JURY OCCURRE			T (OR PART 2)	NO []
P.M. PLACE OF	MONTH DAY YE	211 LOCATIO	ON	D (ENTER MATURE OF HUJU	RY IN ITEM 18 PAR		
P.M. PLACE OF	MONTH DAY YE	211 LOCATIO	ON		RY IN ITEM 18 PAR	COUNTY	NO STATE
PDEATH HOUR A.M. P.M. 21e PLACE OF JAT HOME, STREET	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC	211 LOCATIO	ON	D (ENTER MATURE OF HUJU	RY IN ITEM 18 PAR	COUNTY	STATE
HOUR A.M. P.M. 11e PLACE OF [AT HOME, STREET] OSPITO!) attended the department of the control	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC	19 211 LOCATION STREET	ON T	D (ENTER MATURE OF HUJU	RY IN ITEM 18 PAR	COUNTY	STATE that (I) (5-6) la
HOUR A.M. P.M. 21e PLACE OF [AT HOME, STREET] RESPITED] attended the depth of th	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC	211 LOCATI STREET , and that in (my)	ON T	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	COUNTY	STATE that (I) (50) la
PDEATH HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET RESPITOI) attended the dee on a natiview the body at	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC leceosed from er death.	211 LOCATION STREET	ON 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITY OR TO	WN , 19 one ond hour (COUNTY	STATE that (I) (50) la
PDEATH HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET POSTUTO!) attended the de on at in view the body at	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC	211 LOCATION STREET	ON 1 19 Liputopinian de ATTENDING PHYSICIAN	CITY OR TO	WN , 19 one ond hour (COUNTY	STATE
PERMIT HOUR A.M. P.M. 21e PLACE OF [AT HOME, STREET COSPITO]) attended the de on d nat) view the body of	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC leceosed from er death.	211 LOCATION STREET	ON 1 19 Liputopinian de ATTENDING PHYSICIAN	CITY OR TO	WN , 19 one ond hour (COUNTY	STATE
PDEATH HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET COSPITAL OF PRINT) PRE ON PRINT) PRE ON PRINT) A 23b. DATE	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC legeosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET	ATTENDING PHYSICIAN ESS	CITY OR TO	WN , 19 one ond hour (COUNTY 22c. DATE	STATE
PDEATH HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET COSPITOL VIEW THE BODY OF THE PLACE OF THE	MONTH DAY YE INJURY FACTORY OFFICE, FARM, ETC legeosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET and that in (my) DEGREE 22e ADDRES	ATTENDING PHYSICIAN CERMATORY	CITY OR TO CITY OR TO COURSE OF INJURE OF INJURE COURSE OF INJURE COURSE OF INJURE CITY OR TO CITY OR TO CITY OR TO CITY OR TOWN	WN THE TIME TH	COUNTY COUNTY COUNTY COUNTY COUNTY	state that (I) (ye) los couses stoted
PDEATH HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET COSPITAL OF PRINT) PRE ON PRINT) PRE ON PRINT) A 23b. DATE	INJURY FACTORY OFFICE, FARM, ETC Indicators of the property o	211 LOCATION STREET and that in (my) DEGREE 22e ADDRES	ATTENDING PHYSICIAN CERMATORY	CITY OR TO CITY OR TO COTO TO THE CONTROL OF INJUINE COTO TO THE COTO TO TH	WN THE TIME TH	COUNTY COUNTY COUNTY COUNTY COUNTY	state that (I) (ye) los couses stoted
1	A RACE BLA I Th CITIZEN OF WH U. S. II. NAME OF HOE 1916 DRU ME OR OTHER INSTITUTION, GIV OUNTY MIDDLE ILLIAM S. ARMED FORCES? IS GIVE WAR OR DATES! DIATE CAUSE (a) DUE TO, OR A (b) OUNT (c) OUNT (c)	BLACK BLACK Th. CITIZEN OF WHAT COUNTRY? U. S. A. WIDG 11. NAME OF HOSPITAL, NURSING HOA (18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1916 DRUID HILL AVE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI OUNTY BALTIMORE LAST S. ARMED FORCES? 16b SOCIAL SECURITY IN 212-38-0181 er only one cause per line for ioi, (b), and ic AUSED BY DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) LINT CONDITIONS CONTRIBUTING TO DEATH	BLACK AVOIT BMARRIED NEVER WIDOWED X DI IN NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GNE STREET ADDRESS) IP16 DRUID HILL AVENUE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY BALTIMORE ILAST ILLIAM SAUNDERS MARC BLACT MORE BLACK MORATION BALTIMORE IS. MOTHER IS. MOTHER BLACK BLACK	BLACK BLACK BLACK BLACK 4 07 1915 In a citizen of what country? Widowed Divorced Widowed Divorc	BLACK BL	BLACK BL	BLACK BL

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signaled be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to I

TO HOSPITAL OR ATTENDING PA retained by the hospital or IMPORTANT: If them 21 is morked or frem 18 show

(VRA 15, 4)

BP.

dadicas piestos anos la terbase estas terbase estas terbase estas estas

L. P. Georgeon 600 N Wolff St.

Will I de 1997 this things the have

function director page 3

DEPAR

STATE OF MAKTLAND	0	9	14	63
TMENT OF HEALTH AND MENTAL HYGIENE	2	4	9	-1
CERTIFICATE OF DEATH	RE	G. NO.		

1	- REGISTRAR		CERTIFICA	AIL OI DEATH	REG. NO.		COLUMN TO STATE OF THE PARTY OF
	ECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MO	NTH DAY YE	EAR 25 HOUR A
{ 1 Y	PE OR PRINT) EFFIN	IGER D.	CO	SNER	AUGUST 1	, 1987	2:20 _M
3. S		4. RACE	5. DATE OF B		6. AGE IN YEARS LAST BIRTHDA		
100	Male	White	Augoriti 3	3, 1918 YEAR	68	YRS.	DAYS HOURS MIN.
7a. E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEAT	TH .
1	W.Virginia	USA	WIDOWED	DIVORCED [BALTIM	ORE CIT	ry _{MD.}
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION		IND OF BUSINESS OR
	BALTIMORE	THE JOHNS H		HOSPITAL	Cutter.	27	G.&L.
USU 13a	JAL RESIDENCE (IF NURSING HOME OF STATE 1136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE	21230
200.15	aryland	Baltim		ES NO	204 E. Cros		alto Md
14. F	ATHER'S NAME		15.	MOTHER'S MAIDEN NA			
1	Jacob -	Cosner	7541	M y rtl	MIDDLE	TIO:	tAST
160	WAS DECEASED EVER IN U.S. AR		IRITY NO. 17	INFORMANT	ADDRESS	. 114.	rtman
		(VE WAR OR DATES) 232-26-		A THE COURT PROPERTY.	No. Co.	0	
-	1// 0	- / 2 - 2 0 -	7071	Mrs. Eultn	M.Cosner.		s above
	18 CAUSE OF DEATH TEnter or PART I, DEATH WAS CAUSE	nly one couse per line for to), (b), on	d (C)			BETT	PPROXIMATE INTERVAT
		TE CAUSE (a) Can	1,000	monar	7 TAMES		3 minutes
		DUE TO, OR AS A CONSEQU	ENCE OF		200	2.0	11
	Conditions, if ony, which	() () () () () () () () () ()	6120	sis has	OXIC KBE	313 I	1 day
18	gove rise to immediate cause (a), stating the) (0)		A			0 1
	underlying cause last	DUE TO, OR AS A CONSEQU	-CRSI	5			3 2075
	DARL 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			AINIAI DISEASE OR CONDIT	IONI CRIENT IN DA	DY 1
Z	PART 2 OTHER SIGNIFICANT	11-1	hona	- Rich	1	from 7	
1 5	190. DATE OF OPERATION	196 CONDITION FOR WHICH		VAS PERFORMED	200 AUTOPSY? 20	Ob IF YES, WERE F	INDINGS USED
CERTIFICATION	IN CASE OF STREET				YES NO	YES [USES OF DEATH?
T E	210. ACCIDENT WAS UNDERLYING	- 110110 4 11 11011111 0	AV VEAD 2	Ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM TE PART I OR PA	R1 2)
A	OR CONTRIBUTING CAUSE OF DE.	AIN	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21	I LOCATION		COUN	ITY STATE
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOWN	COON	SIAIE
31		utol) ottended the deceased from	7/2	9 187	9/1	10 P	that (I) (we) last
10	saw the deceased olive on	0/1	8 7 and	hat in (my) (our) opinion	death occurred on the date	and how and Iron	
	obove, (I) (we) (did) (did no	at) view the bady after death			deam accorded on the date		
	226. SIGNATURE	-01	DEC	GREE ATTENDING	MEDICAL STAFF	/ 126.0	DATE SIGNED
) 76		PHYSICIAN [10	8/1/8/
	22d. PHYSICIAN'S NAME	Marin S	27	Re ADDRESS 600	N. WOLFE ST	. 01	1
	Ma-1	x tlaures	7	John:	stookin	s Ball	tomb
23a	BURIAL, CREMATION, REMOVAL	23b DATE, /) Zh:	NAME OF CEM	ETERY OR CREMATORY	23d LOC TION		
	(SPECIFY) Burial	8/5/1987 Mt	torn	Cemetery	Mt.Storm	Grant	Co. WinVa.
24	FUNERAL DIRECTOR BA	1to Md 21270			E REC'D. BY REGISTRAR 256	REGISTRAR'S SK	SNATURE
M	cCuTly Funera	alto.Md.21230. I Home, 130E.F	ort Av	re. AL	6 4 1987	Julia Trois	on Pendale

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE. MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item, 18 shows any TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene. etained by the hospital or attending physic OR ATTENDING PHYSICIAN.

signed by the ottending physician

STATE OF MARYLAND

2010	FOR STATE REGIS			DEPART	MENT OF H	EALTH AND ME	NTAL HYGIEI ATH	NE &	4 0.		
TAUG	I CHY ED	NAME FIRST	A	MIDDLE	L	AST	2	B DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TITE OR PRINT)	SHERMA	N L		CO	TTMAN			8	7 87	M
	3. SEX		4. RACE		5. DATE O		1.	AGE (IN YEARS LAST !	HTHDAY	MONTHS DATS	IF UNDER 24 HRS
	- N	MALE	BLAC	K	MONTH 5	19	41 A	46	YRS	MONTHS DATS	HOURS MINL
-50	70 BIRTHPLAC		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MA	9	BALTIMORE CITY		Y OF DEATH	-
-50	COUNTRY)	MD	U.S.	Α.	WIDOWE	4.4	RCED	BALTI	MORE	CITY	MD
P	10. CITY OR TO	OWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITU		28 USUAL OCCUPA	TION	126 KIND C	F BUSINESS OR
Car C	BAL 7	IMORE		ADSWORTH			,	N/A	OF WORKING		/A
eg .		ENCE (SENURSING HOME OF	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY	HALTES IN	CTOSET ADDRESS	/ 7IP COD		
-ê	MD	130 0001		BALTO.	414		10	1702 WADS	WORTH	WAY 212	239
au.	14 FATHER'S		MIDOLE	LAST		15. MOTHER'S M	AIDEN NAME		72		
(s)		ĪUS	AIDORE	COTTM	AN	MAR	JORIE	WIDDIE		JOHÎ	NOON
	16a WAS DEC	EASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADD	RESS		
medicol	NO	(# YES GIVE	E WAR OR DATES)	220-34-	9464	KARYN	COTTMAN	1702 W	DSWOR	TH WAY	
other tra		rions, if ony, which	(0)		11111111		The state of the s	usyse	,		
njury, or	e ouse under	(o), stoting the	(c)	R AS A CONSEQUE	ENCE OF						
ows ony injury, or	eouse under	(o), stoting the lying couse lost.	conditions <u>co</u>		DEATH BUT	not related to	THE TERMIN		20b. IF YE		o NGS USED
Hygiene prior to bur 18 shows ony injury.	PART 2 PART 2 19a DA 21a. AC	OTHER SIGNIFICANT OTHER SIGNIF	ONDITIONS CO	DNTRIBUTING TO I	DEATH BUT	NOT RELATED TO	D THE TERMIN	AL DISEASE OR CO	20b. IF YE IN CERT	IVEN IN PART IN ES, WERE FINDIN IFYING CAUSES	ONGS USED OF DEATH?
ental Hygiene prior to bur	PART 2 PART 2	OTHER SIGNIFICANT OF TRIBUTING CAUSE OF DEA CEDENT WAS UNDERLYING CAUSE OF DEA SER NOTIFY MEDICAL EXAMINER TURY OCCURRED NOT WHILE CAUSE OF DEA AT WORK	21b. TIME O HOUR A.I.	PINJURY M. MONTH D. M. OF INJURY EET FACTORY, OFFICE F	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO	D THE TERMIN	AL DISEASE OR CO 200 AUTOPSY? YES NO CITY OR	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE FINDING CAUSES	ONGS USED OF DEATH?
of Health and Mental Hygiene prior to but 21 is marked or Item 18 shows ony injury.	PART 2 PART 2	OTHER SIGNIFICANT OF THE NOTIFY MEDICAL EXAMINER OF THE NOTIFY OF	21b. TIME O HOUR A./ 21e PLACE (AT HOME STR	DITRIBUTING TO J	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO	S RED RY OCCURRED	AL DISEASE OR CO	20b. IF YE IN CERT Y	ES, WERE FINDIN IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE that () (we) lost couses stoted
of Health and Mental Hygiene prior to but 21 is marked or Item 18 shows ony injury.	WEDICAL SOLO OF SOLO O	OTHER SIGNIFICANT OF THE SIGNIFI	IPB CONDITIONS CO. 19B CONDITIONS CO. 19B CONDITIONS CO. 19B CONDITIONS CO. 21B TIME O. 10L TIME O. 11B PLACE (AT HOME STR. 10L Ottended the	DITRIBUTING TO J	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO	THE TERMIN S RED RY OCCURRED 19.8.7 ur) opinion dec ENDINO YSICIAN	AL DISEASE OR CO 200 AUTOPSY? YES NO CITY OR 1 To August The occurred on the MEDICAL ST DIRECTOR PHYS	20b. IF YE IN CERT Y JURY IN ITEM 18 dote and ha	ES, WERE FINDIN IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE that () (we) lost couses stoted
ental Hygiene prior to bur	PART 2 PART 2	OTHER SIGNIFICANT OF TOWN OF THE OF OPERATION CIDENT WAS UNDERLYING CAUSE OF DEA TERROTIFY MEDICAL EXAMINER TURY OCCURRED NOT WHILE CAUSE OF DEA LIVER NOTIFY MEDICAL EXAMINER TO THE WORK TO THE	ONDITIONS CO. 19b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A.I P.I. 21e PLACE O (AT HOME. STR 10l) oftended the view the body	DITRIBUTING TO J	DEATH BUT OPERATION AY YEAR 19 FARM EIC)	NOT RELATED TO	THE TERMIN S MED RY OCCURRET 19 8 7 ur) opinion der ENDINO YSICIAN CREE	AL DISEASE OR CO 200 AUTOPSY? YES NO CITY OR I Oth occurred on the MEDICAL ST DIRECTOR PHYS A3 VI	20b. IF YE IN CERT Y JURY IN ITEM 18 dote and ha	ES, WERE FINDIN IFYING CAUSES (FES) L PART 1 OR PART 2) COUNTY 19 8 4 DUT and from the	NGS USED OF DEATH? NO STATE that () (we) lost couses stoted
of Health and Mental Hygiene prior to but 21 is marked or Item 18 shows ony injury.	PART 2 PART 2 190 DA 190 DA 210. AC OR COM 210. I Ce 210 IN. WHILE AT WORK 220. I Ce 230. SIC 230. BURKALV.	OTHER SIGNIFICANT OF THE OF OPERATION CIDENT WAS UNDERLYING CAUSE OF DEA TERBUTING CAUSE OF DEA HER NOTIFY MEDICAL EXAMINER TURY OCCURRED NOT WHILE CAUSE AT WORK PART OF THE OF THE OF THE OPERATION WITH DISTRIBUTING CAUSE OF DEA HER NOTIFY MEDICAL EXAMINER TO COURT OF THE OPERATION WITH COURT O	IPB CONDITIONS CO. 19B CONDITIONS CO. 19B CONDITIONS CO. 19B CONDITIONS CO. 21B TIME O. 10L TIME O. 11B PLACE (AT HOME STR. 10L Ottended the	DITRIBUTING TO JOINT OF THE PACKET FACTORY, OFFICE FOR THE PACKET FACTORY, OFFICE F	DEATH BUT OPERATION AY YEAR 19 FARM ETC.) NAME OF CL	NOT RELATED TO	THE TERMIN S NED RY OCCURRED LYSICIAN SERVING RYSICIAN SERVING EMATORY	AL DISEASE OR CO 200 AUTOPSY? YES NO CITY OR I CITY OR I ALGUS THE MEDICAL ST DIRECTOR PHYS A3	200. IF YE IN CERT Y JURY IN ITEM 18 OWN AFF ICIAN BACT Y	ES, WERE FINDIN IFYING CAUSES (FES) COUNTY 220 DATE 220 DATE	NGS USED OF DEATH? NO STATE that () (we) lost couses stoted

DHMH - 16 60M 7/B4

BP

should be detoched for use as the buriol-tronsit permit. Men plegse remove a with the State Dept. of Health and Mental Hygiene prior to Buriol, cremation,

TO FUNERAL DIRECTOR: After this certificate has be

(VRA 15, 4)

1101 E. NORTH AVE. MARCH F/H, INC.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Character of the desired

and the control of the state of

Street - Directorary & property and comment of the street of the street

Life of the same o

HO FR FEET STORY STORY

Total day to contract to the contract of the c

06470 n 72 hours after death Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR: After this certificate has been signed by the "tile" of physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagi with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that with the State Dept. or news or kem 18 shows ony etoined by the hospital or attending physician.

injury, or other troumatic event,

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE	DEPARTM		EALTH AND MENTAL HYG	iene 2 2	5 7	7	
1		REGISTRAR				REG. NO.			
٦		EASED NAME FIRST	MIDDLE	•	AST	20. DATE OF DEATH MO	NTH DAY YEA	25 HOU	2
1		TEANE	TTE F.	(0)	NLEY		27 8	1 11:03	En.
ł	3 SEX	14	RACE	5. DATE C	E RIPTH	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER LY	EAR IF UNDER	HRS.
1	3 367	FC		MONTH	DAY YEAR_	400		AYS HOURS	MIN.
1	1	FEMALE	NHILE	4	13 13	13	YRS.		
1			. CITIZEN OF WHAT COUNTRY?	8.	#1	9 BALTIMORE CITY OR C	COUNTY OF DEATH	1	
	ß	JAPVI ANN	1101	MARRIEI		241.7	IMADE	- NIT	4
4	10 00	TY OR TOWN OF DEATH	957.	WIDOWE		SAUI	IMUKE	011	MD.
1	10. CT	TOR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF HOT IN SUCH FACILITY, GIVE STREET. 	DDRESSI -	OK OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIEF INDUS		S OR
1	B	ANTIMORE LENGISSING HOLL OF	BALTIMOR	F 6	EN HOSP,	HOUSEWI	FE HO	mE/	Make
	13a S	TATE			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	-,2/	225
3		MAN	A. BALTIMO	RE	YES TO NO	4/3 AUDR	EY AVI	FNUE	
H	H FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
4	1	FIRST	DDLE LAST 1	. 1	.St	WIDDLE		eLAST	
1	/	John	MCMAHO	N	Anna	5 million in	0'.	Neil	
1		AS DECEASED EVER IN U.S. ARM		RITY NO	17 INFORMANT	ADDRESS			
1	J. (Y	ES, NO OR UNKNOWN) (IF YES, GIVE	217-26-0	0281	Angela R. Jo	phoston Same	e as 13e		VER
1						JIMIS COIL DWING		1-2-Y-ATTENDED	
ı	-	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a), (b), and	80	NOU ENI	11.0-	BETW	ROXIMATE INTERVEEN ONSET AND I	
١		IMMEDIATE	* -	TIXX	ATORY FAIL	UURE	0	DAYS	
ı				NCE OF		٥.			
ı	1	Constitute of the second	DUE TO, OR AS A CONSEQUE	NCE OF L	FND STAGE	= COPh	1 1 1		
1		Conditions, if any, which gove rise to immediate	(b)		NOUTHOR	2 00101			
1		couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
			DUE TO, OR AS A CONSEQUE	NCE OF					
		couse (0), stating the underlying cause last.	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PAR	T lie	
	NO	couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PAR	T lio	_
	TION	couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D AW VAGOTO I	EATH BUT	4 PYHORO	PHASTY			
	ICATION	couse (0), stating the underlying cause last.	(c)	EATH BUT	4 PYHORO	PLASTY 1200 AUTOPSY? 121	Db. IF YES, WERE FIN	ND INGS USED	1?
	TIFICATION	couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D AW VAGOTO I	EATH BUT	4 PYHORO	PLASTY 1200 AUTOPSY? 121		ND INGS USED	1?
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT COTRUMN K	ONDITIONS CONTRIBUTING TO D AW VAGOTO I 198. CONDITION FOR WHICH PERFORAT 218. TIME OF INJURY	ES	Y PYHORO N WAS PERFORMED ULCER	PLASTY 200 AUTOPSY? YES NOTE	OB. IF YES, WERE FIN N CERTIFYING CAU YES	NDINGS USED ISES OF DEATI	1?
2	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO TRUM 190 DATE OF OPERATION 17 8 7 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALLAGOF DEATH	ONDITIONS CONTRIBUTING TO DE LA COTOL OF THE CONDITION FOR WHICH OF THE CON	DEATH BUT OPERATION E YEAR	4 PYHORO	PLASTY 200 AUTOPSY? YES NOTE	OB. IF YES, WERE FIN N CERTIFYING CAU YES	NDINGS USED ISES OF DEATI	1?
7		PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUME OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DEL COTO DE LA COTO DEL COTO DEL COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COT	ES	Y PYHORO N WAS PERFORMED ULCER 1214 HOW INJURY OCCURR	PLASTY 200 AUTOPSY? YES NOTE	OB. IF YES, WERE FIN N CERTIFYING CAU YES	NDINGS USED ISES OF DEATI	1?
1		PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAME OF DEATH (IF EITHER, NOTIFY MIDICAL EXAMINER) 210. INJURY OCCURRED	ONDITIONS CONTRIBUTING TO DE LA CONTRIBUTION OF THE CONTRIBUTION OF WHICH OF THE CONTRIBUTION OF THE CONTR	OPERATION YEAR 19	Y PYHORO N WAS PERFORMED ULCER	PLASTY 200 AUTOPSY? YES NOTE	OB. IF YES, WERE FIN N CERTIFYING CAU YES	NDINGS USED SES OF DEATI NO [M	1?
7	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUME OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DEL COTO DE LA COTO DEL COTO DEL COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COT	OPERATION YEAR 19	A PYLORO N WAS PERFORMED ULCER 1216 HOW INJURY OCCURR 1211, LOCATION	200 AUTOPSY? YES NO NO NOTE OF THE PROPERTY OF INJUSTING THE PROPERTY OF INJUSTICE THE PROPERT	Ob. IF YES, WERE FIN N CERTIFYING CAU YES HITEM 18 PART I OR PART	NDINGS USED SES OF DEATI NO [M	1?
7		PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAMERICAN (IF EITHER NOTIFIED MILES ALMORE) 211d. INJURY OCCURRED WHILE AL WORK	ONDITIONS CONTRIBUTING TO DAW VACOTON 19b. CONDITIONFOR WHICH OF THE PLACE OF INJURY HOUR A.M. MONTH DAW 21e. PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFFICE A	OPERATION YEAR 19	A PYLORO N WAS PERFORMED ULCER 1216 HOW INJURY OCCURR 1211, LOCATION	200 AUTOPSY? YES NO NO NOTE OF THE PROPERTY OF INJUSTING THE PROPERTY OF INJUSTICE THE PROPERT	Ob. IF YES, WERE FIN N CERTIFYING CAU YES HITEM 18 PART I OR PART	ND INGS USED SES OF DEATI NO [M	ATE
7		PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAMERICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT BY MOST OF THE AT WORK 22a. I certify that (1) (this haspital	ONDITIONS CONTRIBUTING TO DAW VACOTON 19b. CONDITIONFOR WHICH OF THE PLACE OF INJURY HOUR A.M. MONTH DAW 21e. PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFFICE A	PEATH BUT YEAR 19 IRM. ETC.)	A PYLORO N WAS PERFORMED ULCER 21c HOW INJURY OCCURR 211. LOCATION STREET	200 AUTOPSY? YES NO NO NO NED (ENTER NATURE OF INJUST NO NO NED NO NED	Ob. IF YES, WERE FIN N CERTIFYING CAU YES ITEM 18. PART I OR PART	NDINGS USED SES OF DEATH NO [7]	ATE e) last
7		COUSE (01), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT COURTS OF THE SIGNIFIC	ONDITIONS CONTRIBUTING TO DAW VACOTON 19b. CONDITIONFOR WHICH OF THE PLACE OF INJURY HOUR A.M. MONTH DAW 21e. PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFFICE A	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	A PYLORO N WAS PERFORMED ULCER 21c HOW INJURY OCCURR 21l. LOCATION STREET 24 19 87 and that in (my) (aur) apinion of	200 AUTOPSY? YES NO NO NO NED (ENTER NATURE OF INJUST NO NO NED NO NED	Ob IF YES, WERE FIN CERTIFYING CAU YES : ITEM 18 PART I OR PART COUNTY	NDINGS USED SES OF DEATH NO [2]	ATE e) last
12		COUSE (01, stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT CAN PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	YHORO N WAS PERFORMED ULCER 216 HOW INJURY OCCURR 211. LOCATION STREET 24 . 19 87 and that in (my) (aur) apinion of DEGREE	20a AUTOPSY? YES NO	Ob IF YES, WERE FIN CERTIFYING CAU YES : ITEM 18 PART I OR PART COUNTY	NDINGS USED SES OF DEATH NO [7]	ATE e) last
7		COUSE (01), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT COURTS OF THE SIGNIFIC	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	YHORO N WAS PERFORMED ULCER 216. HOW INJURY OCCURR 211. LOCATION STREET 24 , 19 8 7 Ind that in (my) (aur) apinion of the company of the	20a AUTOPSY? YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAU YES LITEM 18. PART I OR PART COUNTY 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	NDINGS USED SES OF DEATH NO [2]	ATE e) last
		COUSE (01), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT COURTS OF THE SIGNIFIC	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	YHORO N WAS PERFORMED UHCER 216. HOW INJURY OCCURR 211. LOCATION STREET 214 19 8 1 Ind that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN E	20a AUTOPSY? YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAU YES LITEM 18. PART I OR PART COUNTY 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	NDINGS USED SES OF DEATH NO [2]	ATE e) last
		COUSE (01, stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (FILE EITHER NOTIFICANT EXAMINER) 21d. INJURY OCCURRED WHILE ALL OF THE STORT (FILE EXAMINER) 22a. I certify that (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the stort obove. (1) (thi	ONDITIONS CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION OF THE	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	YHORO N WAS PERFORMED ULCER 216. HOW INJURY OCCURR 211. LOCATION STREET 24 , 19 8 7 Ind that in (my) (aur) apinion of the company of the	20a AUTOPSY? YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAU YES LITEM 18. PART I OR PART COUNTY 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	NDINGS USED SES OF DEATH NO [2]	ATE e) last
2		COUSE (01, stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (FILE EITHER NOTIFICANT EXAMINER) 21d. INJURY OCCURRED WHILE ALL OF THE STORT (FILE EXAMINER) 22a. I certify that (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the decembed of the stort obove. (1) (this haspital sow the stort obove. (1) (thi	ONDITIONS CONTRIBUTING TO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DE LA COTO DE LA COTO DE LA COTO DE LA COTO DEL COTO DEL COTO DEL COTO DEL COTO DE LA COTO DEL COTO DE	PEATH BUT OPERATION YEAR 19 ARM. ETC.)	YHORO N WAS PERFORMED UHCER 216. HOW INJURY OCCURR 211. LOCATION STREET 214 19 8 1 Ind that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN E	20a AUTOPSY? YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAU YES LITEM 18. PART I OR PART COUNTY 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	NDINGS USED SES OF DEATH NO [2]	ATE e) last
	WEDICAL 230 B	PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAME OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. I Certify that (1) (this haspital sow the december of the colonial sow th	ONDITIONS CONTRIBUTING TO DAY AGOTO 19b. CONDITION FOR WHICH OF THE PLACE OF INJURY HOUR A.M. MONTH DAY 121b. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE A 11) oftended, the deceosed from 19 0 123b. DATE 123c. N	OPERATION YEAR 19 KRM. ETC.)	YHORO N WAS PERFORMED ULCER 216. HOW INJURY OCCURR 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 3001 S. H EMETERY OR CREMATORY	280 AUTOPSY? YES NO	COUNTY 19 8 7 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ND INGS USED ISES OF DEATH NO [M]	ATE e) lost ted
72	WEDICAL 230 B	COUSE (01), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT COURTS (190 DATE OF OPERATION 2) 210. ACCIDENT WAS UNDERLYING (190 DEATH UNDER NOTIFIED TO DEATH UNDER NOTIFIED CALEXAMINER) 210. I CERTIFY THAT (1) (this hospito sow the decented of the decente	ONDITIONS CONTRIBUTING TO DAY AGOTO 19b. CONDITION FOR WHICH OF PROPERTY OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY 11at HOME STREET, FACTORY, OFFICE AGO WITH WITH WORLD AND THE MONTH DAY 12b. DATE 23b. DATE 23b. DATE 23c. N	OPERATION YEAR 19 KRM. ETC.)	A PYLORO N WAS PERFORMED ULCER 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 3001 S. H.	200 AUTOPSY? YES NO	COUNTY	ND INGS USED ISES OF DEATH NO [M]	ATE e) lost ted
	WEDICAL MEDICAL	COUSE (0), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT CO PRODUCTION WAS UNDERLYING F. OR CONTRIBUTING CAUMOOF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22d. I Certify Ind (1) (this hospital sow the decented durable obove. (1) introduction of the story	ONDITIONS CONTRIBUTING TO DAY AGOTO 19b. CONDITION FOR WHICH OF THE PLACE OF INJURY HOUR A.M. MONTH DAY 121b. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE A 11) oftended, the deceosed from 19 0 123b. DATE 123c. N	OPERATION YEAR 19 KRM. ETC.)	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 3001 S. H EMETERY OR CREMATORY 1211. COMPTON	200 AUTOPSY? 200 AUTOPSY? YES NO ME CITY OB WAN CITY OB WAN CITY OB WAN CITY OB WAN A NO LECTOR PHYSICIAN A NO LECTOR PHYSICIAN PAINT OF TOWN Baitimore	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	ND INGS USED SES OF DEATH NO []	ATE e) last
	230 B	COUSE (0), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT CO PROPERTION 210. ACCIDENT WAS UNDERLYING CORRECTED TO CONTRIBUTING CAUM OF DEATH (IF EITHER NOTIFISMEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFISMEDICAL EXAMINER) 220. I certify that (1) (this hospital cobove. (1) while cobove. (1) while cobove. (2) The SIGNATURE URIAL, CREMATION, REMOVAL PRECIEVY BUTIAL NERAL DIRECTOR	ONDITIONS CONTRIBUTING TO DAY AGOTO 19b. CONDITION FOR WHICH OF PROPERTY OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY 11at HOME STREET, FACTORY, OFFICE AGO WITH WITH WORLD AND THE MONTH DAY 12b. DATE 23b. DATE 23b. DATE 23c. N	YEAR 19 NAME OF C	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 3001 S. H EMETERY OR CREMATORY 1256. DATI	200 AUTOPSY? 210 AUTOPSY? YES NO ME NED (ENTER NATURE OF INJUSTIC CITY OB WAN CITY OB WAN CITY OB WAN AND LECTOR PHYSICIAN AND LECTOR PHYSICIAN PAINT OF TOWN Baitimore EREC'D. BY REGISTRAR 256	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY A. A.	ND INGS USED SES OF DEATH NO []	ATE e) lost ted

	- 1	
	L	1
-	1	71
6	11	
2		

063 6 0 AUG

ly filled in by the funeral director should be filed within 72 hours aft

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	Char
		-

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4200
DECEASED NAME FIRST MARY KAT	HERINE BEASLEY	COX	20. DATE OF DEATH MONTH	12 87 25 HOUR
FEMALE	4 RACE BLACK	5. DATE OF BIRTH MONTH 1 28 17		FUNDER LYEAR FUNDER 21 HRS MONTHS DAYS HOURS MIN.
O BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. VA O CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 1623 N. Broadway	MARRIED NEVER MARRIED WIDOWED TO DIVORCED NO HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COU BALTIMORE CIT 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	Y ME
JSUAL RESIDENCE (# NURSING HOME OF 136 COL 136	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY 136, CITY OR TOW BALTO	VN 13d INSIDE CITY LIMITS? YES ☑ NO ☐ 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP C 1623 N. BROAD	WAY 21213
WILLIAM 60 WAS DECEASED EVER IN U.S. A (YES NO GROWNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECUL 217-09-4		ADDRESS 10 FEDERAL STRI	WO'ÖDS EET
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	Reral Failure	ninal disease or condition	GIVEN IN PART In
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DI OR	P.M. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, Individe the deceased from 19 of the property of the pr	FARM, ETC.) 211 LOCATION STREET 19 212 LOCATION STREET 19 213 LOCATION STREET 19 214 AUGUST OPINION DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN death accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	. 19 tha (1) we) last hour and from the causes stated
BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	L 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY ALTIMORE NAT'L CEM	23d LOCATION CITY OR TOWN BALTIMORE,	COUNTY STATE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon Daper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at ather traumatic event, th

OR ATTENDING PHYSICIAN The

WM. C. MARCH F/H

24 FUNERAL DIRECTOR

1101 E. NORTH AVENUE

BP

07/84

(VR AT5 ME (5))

DHMH - 17

BURIAL 8/7/87 24 FUNERAL DIRECTOR

KING MEMORIAL PARK

23d LOCATION RANDALLSTOWN.

WM. C. MARCH F/H, INC. ADDRES 1101 E. NORTH AVE.

Julia Davidson-Randall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	0	0	2

REG. NO.

	(TYPE	OR PRINT)			MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	1 HOUR
			John	J.		Cro	camo		8	8 84	2,0
3	3. SEX			RACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST E	RTHDAY)	MONTHS DAYS	IF UNDER 24 HR
-		Male			Vhite	Sep	t. 3, 1934	52	YRS		
74	C	THPLACE (STATE	E OR FOREIGN		WHAT COUNTRY?	MARRIE	D ENEVER MARRIED	9 BALTIMORE CITY			
4		Penna.	DEATH		S.A.	WIDOWE	DR OTHER INSTITUTION	Ba.L.		e City	F BUSINESS
3/	7	BALTIMO	SRE	FRANC	H FACILITY, GIVE STREET A	(K	EY HOSP	(TYPE OF WORK FOR MOST	OF WORKING		F BUSINESS
3	13a. S1	aryland	NURSING HOME OR (Baltimon	N	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 2753 Max		d Avenue	2121
20	14 FA1	HER'S NAME FIRST Joseph		IDDLE	Crocamo		IS MOTHER'S MAIDEN NAME Elvira	WE		Fusc	
1			VER IN U.S. ARA	NED FORCES?	166 SOCIAL SECUE		17. INFORMANT	ADD			
	(S. NO OR UNKNOWN	, , , , , , , , ,		213-30-84	470	Letizia Cro	camo 2753 1	Maryla	and Ave.	21218
		Conditions, if gave rise to couse (a), s underlying co	immediate toting the	(c)_	R AS A CONSEQUE						
	0	PART 2 OTHER S	SIGNIFICANT CO	ONDITIONS <u>CC</u>	DNIKIBUTING TO D	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION G	SIVEN IN PART TO	0
2	TIFICATION	PART 2 OTHER :					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDING CAUSES	IGS USED
9	AL CERTIFICATION	90 DATE OF OPI	ERATION	196. COND	ITION FOR WHICH (F INJURY M. MONTH DA	OPERATIO		200 AUTOPSY?	20b. IF Y	'ES, WERE FINDIN TIFYING CAUSES YES [IGS USED OF DEATH?
9	ICAL CERTIFICATION	90 DATE OF OPI	ERATION S UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER)	196. CONDI HOUR A. P.,	ITION FOR WHICH (IF INJURY M. MONTH DA M.	OPERATIO Y YEAR 19 ARM, ETC.)	21c HOW INJURY OCCURR 211 LOCATION 51REET	200 AUTOPSY? YES NOW NOW ED (ENIER NATURE OF IN)	206, IF Y IN CERT	'ES, WERE FINDIN TIFYING CAUSES YES [NGS USED OF DEATH? NO
9	MEDICAL CERTIFICATION	90 DATE OF OPI	ERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) CURRED TWHILE WORK	196. CONDI 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STR	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO Y YEAR 19 ARM, ETC.)	21c HOW INJURY OCCURR	200 AUTOPSY? YES NOW NOW CITY OR I	206. IF Y IN CER	YES, WERE FINDING TIFYING CAUSES YES COUNTY 19	NGS USED OF DEATH? NO STATE
9	MEDICAL CERTIFICATION	90 DATE OF OPI	SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) TOWNED TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	196. CONDI 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STR	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM. ETC.)	211 LOCATION STREET 73 87 19	YES NOW YES NOW CHYORI To Seath occurred on the company of the seath occurred on the company o	206. IF Y IN CERT	YES, WERE FINDING TIFYING CAUSES YES COUNTY 19	NGS USED OF DEATH? NO STATE that) (we) I couses stoted

DHMH - 16 60M 7/B4

BP

(VRA 15, 4)

Aug 11 24 FUNERAL DIRECTOR Leomard J. Ruck, Inc. Baltimore, Maryland

Burial

1987

Baltimore Parkwood Cemetery 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Maryland

					•
	Sč	1567	108 0.710)Lr
The Util	ontile		.A.2.		Facus
	Dischled				
S12 Sumay bu	night toys		Baltimore		fil C
Purco		BTY158			1198801
land Ave. 2121	THE COLD ONE	o drine	The second of th		
				2	
	example of				
aalyrau o	ing	Tec se et loc	1 1997 Farker	f suf I	ersus and the
Makagarathall .					
	1001				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d	x	STATE REGISTRAR			VLI ANI	CERTIF	ICATE OF DEATH	REG. N	0. 2. 0	, 0	3
9	4	ALAN		,	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
1				G.		CRO	SS	August 2,1987 /A-			
-	3. 5E)	X		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
-1	B	Male		White		Marc	h 15, 1923	64	YRS	INTHS DATS	HOURS MIN.
-	To BIRTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?		8.	A NEVED MADDIES (9 BALTIMORE CITY OR COUNTY C		F DEATH		
	j	Illinois		U.S.A.		MARRIED ₩ NEVER MARRIED WIDOWED DIVORCED		Baltimore		MD	
1	10 C1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital					12a USUAL OCCUPAT	ION		F BUSINESS OR	
	E					ni tal	(type of work for most of working life) INDUSTRY Ret Baltimore City Police				
	W5U/	AL RESIDENCE (IF NU		ROTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)				are Gi	Ly Police
		Maryland	13b COU	NIY	Baltimo		13d. INSIDE CITY LIMITS?	5005 Ant		ra 2	1206
1	I4_FA	THER'S NAME				16	15 MOTHER'S MAIDEN NA	ME	nony Av	76. 2	1200
3	I	Lincoln		MIDDLE	COSS		Mary	WIDDLE	m _a	vigg	п
	16a V	VAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		YISS	
	3	LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES			337-14-9163 Mrs. Phylli			s E. Cross Same as #13e			
1			TH (Enter n	nly and course ner						IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH (Enter only one couse per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				a belie			Den		
			IMMEDIA	TE CAUSE (o)	V		1 2000			,	
		Conditions, if any, which (b) Malisment pericardial eff						al che	last	1/-	77
-		gove rise to immediate									
1		couse (o), stoting the UNETO, OR AS A CONSEQUENCE OF Underlying couse lost.					1/0 8			yen	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION							DITION GIVEN	I IN PART 1	
	NO	I ANY 2: OTHER OR	DIVILICATOR	conditions <u>cc</u>	5,47,81007840 10	DEFECT BOY	NOT KEEPIED TO THE TERM	WAL DISEASE ON COIL	DITION ONE	4 (14 1 5)(1 1)	
a	CERTIFICATION	190 DATE OF OPERATION . 196. CON		19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED		N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U			
/	TIF							YES NO	NO		
5										1 1 OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19									
	MEDICAL	71d. INJURY OCCURRED 71e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		FARM ETC) 211 LOCATION STREET		CITY OR TOWN		COUNTY STATE			
	2	WHILE NOT WHILE AT WORK									
		220.1 certify that				6-1	17 . 19 8	2, to 8 -	7	57.	tha (we) lost
		sow the pleced	osed olive or	7-30 otoview the body	ofter depth	\$7_,0	nd that in my (our) opinion (death occurred on the d	ote and hour a	and from the	couses stoted
		77b. SIGNATURE DEGREE								22c DATE	SIGNED
			1	/	feer	co	ATTENDING PHYSICIAN	MEDICAL STA		17-7	-17
		22d. PHYSICIAN'S	AME (TYPE	OR PRINT)			77e ADDRESS				-
	8.	Geo	rge E	. Lowe.	M.D.		3703 Bels	air Rd			
		BURIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	((SPECIFY)		8-5-8			hoo	Baltimore, Maryland			STATE
	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REC										
	I	Leonard J. Ruck, Inc. Baltimore, Maryland 1987									

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other

EL CK SS AMPTERSON CONTRACTOR

	-4 87
The state of the s	
collegest each fairsetset	erio niz Lea
Control and Artenness Coop Artenness Ave. 27800	
to the state of th	:Ecul
1997-1109 Dec. Maride E. Jone See 417g	UUY
	C
1881 CU DUN TENDENCIE DE L'ON TOUR	lei i Li immea

062957

STATE OF MARYLAND

1 - STATE

REGISTRAR

STATE OF MARYLAND MENT ALL HYGIENE

CERTIFICATE OF DEATH

22604

3	7 07 STRAK		CERTIFI	TEATE OF DEATH	REG. NO.	
	(TYPE OF PRINT)	MIDDLE	Ł	AST	20 DATE OF DEATH MONTH DA	
	HELEN	В	_	oss	AUGUST 13, 1987	3:20 P
1	3. SEX	4. RACE	5. DATE C			FUNDER I YEAR IF UNDER 24 HRS
	Female	White	May	28, 1919	68 YRS.	DATS HOURS MIN.
F	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	- Charles a apples (X)	9 BALTIMORE CITY OR COUNTY C	OF DEATH
7	Maryland	U.S.A.	WIDOWE		BALTIMORE CIT	Y MD.
7	O CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
1	BALTIMORE	THE JOHNS HOPKI	NS HO	SPITAL,	Dispatcher.	Airlines
	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)			
4	100 0001	imore 13c city or town	N	13d. INSIDE CITY LIMITS? YES \(\sum \) NO \(\forall \)	13e.STREET ADDRESS / ZIP CODE 4461 Wycombe	Way 21234
	C RATHER'S NAME	IMOTE 21234		15. MOTHER'S MAIDEN NA	1	way 21234
H	FIRST	MIDDLE LAST		FIRST	WIDDLE	LAST
9		H. Cross		Florence		Pocock
2.	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	
1	No -	204-01-0	0460	Philip K. (cross 4534 Perk	ins Ct. 2101
ı	18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	direction		0 - 1-	APPROXIMATE INTERVAL
п	PART I. DEATH WAS CAUSED	ECAUSE (0) Caroli	0 10	Spiratory	CIPPEST	Omin
Н	MANEDIAI			, ,		
П	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCEOF	Sep515		12days
1	gove rise to immediate	(b)			7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	- /-
1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	Colon Cal	ncer	Smonth
- 1		(c)				5
1		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	VIN PART TO
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED
Ч	HE HE				YES NOW YES	ING CAUSES OF DEATH?
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO PAR	T 1 OR PART 2)
Я			Y YEAR			
1	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	21e. PLACE OF INJURY	19	ZII LOCATION		
	- WHITE NOI WHITE	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR FOWN	COUNTY STATE
1	AT WORK AT WORK	77	13,11	114	13 AUG	87
1		ol) attended the deceased from	37		death accurred an the date and have	that (I (we) last
1	saw the deceased plive an above, (1) (we) did) (did not	view the bady after death.			death accurred on the date and have o	
1	22K SIGNATURE	mara CAI		DEGREE	MEDICAL STATE / V	221 OFTE SIGNED
	Jerry yer	Trove - pe		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	0/10/01
П	224 PHYSICIAN'S NAME (TYPE OF	RPRINT)		22e ADDRESS CO	N. Wolfest.	2/12054
	BENJAMI	N YOKEL	MD	JOHNS	HOPKINS F	tospithe
	230 BURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	
	BURIAL	AUG. 17, '87 MT	. ZI	ON CHURCH		RYLAND
1	24 FUNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR 256. REGISTRA	
1	WILLTAM E. JOHN	VSON 8521 LOCH	RAV	EN BLVD. AU	A state of the sta	Marie Mariette
L		1001	A TITI V	חיים חיים איים	1301.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PORTANT: If hem 21 is mark

064729 SEP 4 87 TATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND/2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA JUGGENE CERTIFICATE OF DEATH

2 2 6 0 5 REG. NO.

		CEASED NAME TAMES	Gilber	- 0	POSS	26 DATE OF DEATH	MONTH DAY	87 7:08R	
	1. SE	× m	RACE	5 DATE O	A new A series	6 AGE (IN YEARS LAST BIRTI	HDAY] IF UNDE	RTYEAR IF UNDER 24 HRS	
7	/	RTMPLACE ISTATE OFFOREGA 76	CITIZEN OF WHAT COUNTRY	07	1/16/1919	68	YRS.	A744	
L	18.00	CONHAM	W.S.A.	MARRIE	NEVER MARRIED	BALTIMORE CITY OF	MONDO (7.4	
-	ite C		NAME OF HOSPITAL, NURS	WIDOWE SING HOME O		12a USUAL OCCUPATION	DN 12b.	KIND OF BUSINESS OR	
0	21	Baltimore/	(IF NOT IN SUCH FACILITY, GIVE STRE	Nes	Hospital	Phumber	WORKING LIFE) INC	LUMBING	
5		STATE MD 134 COUNTY	13t. CITY OR TO		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	21228	
2	39.50	ATHER'S NAME			15. MOTHER'S MAIDEN NAM				
H	1		ARSHUL CRO	55	1 SABELLE	Mibble		LAST	
5		VAS DECEASED EVER IN U.S. ARMEI		CURITY NO.	17 INFORMANT	ADDRES	MAIN -	57.	
-		les. nus	2150	3789	JAMES G. Cross		OTT CITY	mo 21043	
		PART I. DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Y: D. C.	DUENCE OF DUENCE OF	abody fails	146		APPROXIMAJE INJERVAL BETWEEN ONSET AND DEATH	
	NO	PART 2 OTHER SIGNIFICANT CON	ODITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN	PART Ita	
2	CERTIFICATION	He DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES [E FINDINGS USED CAUSES OF DEATH?	
1	100	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM TO PART TOR	PARt 7)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E FARM, ETC }	211 LOCATION STREET	CITY OR TOW	vn co	NITY STATE	
		22a I certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did)/did nat) vi		all and	d that in (my) (aur) apinian d	eath accurred an the do			
,		22b. SIGNATURE		C		MEDICAL STAF	- 1	2.14.87	
		THE PHYSIC AND NAME (TYPE OF PR	taugh		900 Ceton	fre. fal	th.		
	23a. E	BURIAL, CREMATION, REMOVAL	11/100		EMETERY OR CREMATORY	23d LOCATION	MOUN	ity State	
	24 5	Cremation !	16 August 87 4	Jestve	la Mon Pk.	Colonsore		26. Md.	
	24 FU	UNERAL DIRECTOR	ADDRESS	401	250 DATE	REC'D. BY REGISTRAR	Sh REGISTRAR'S	SIGNATURE	
	1	tack Timeral Ho	ne Ellico	of City	MOZIONNET	US 148/ 9	was wandon	Mandell	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPCRTANT, # B

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	b
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by entitled — thin 24 hours after death. Page 4 may be retained by the hospital or attending physician.	411
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician communately filled in by the funeral director page 3 should be filed within 72 hours ofter death and plantage of the burial permit. Then please remove corbonopers	
with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	AU
MACKIAN: If them 21 is morked or them 16 shows only injury, or coner iroumous event, the medical expansion injury.	6

3

DEPA

STATE OF MARYLAND RTMENT OF HEALTH AND (RENTAL HYGIENE CERTIFICATE OF DEATH	1	REG. NO.	2	O	0	

3 1	87 STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH REG. NO. 1					
	DECEASED NAME FIRST	WIDDLE		TEAST	20 DATE OF DEATH MO	INTH DAY YEAR	2b HOUR	
(1	JESSE JESSE		CR	OWDER, JR	8	24 198	7 M	
3.5	SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YE	AR IF UNDER 24 HRS	
	male	MONTH 9	1 1928	58	YRS.	S HOURS MIN.		
7 a	BIRTHPLACE STATE OR FOREIGN	black	2 8		9 BALTIMORE CITY OR C			
1	COUNTRY) N.C.	USA	MARRIE	D NEVER MARRIED				
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	WIDOWI		Baltimore		OF BUSINESS OR	
1	Baltimore	1636 Thomas	Avenue		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTR		
130	Md HALRESIDENCE (IF NURSING HOME OF ALL STATE)		WN		1	as Avenue	21216	
14	Jesse Jesse	Crowder Crowder	,Sr	Bétty	WE	Heste	341	
160	WAS DECEASED EVER IN U.S. AF		URITY NO	17 INFORMANT	ADDRESS			
	(YES, NO GRUNKNOWN) (IF YES, GI	VE WAR OR DATES	7883	Minnie A. Cr	owder 1636	Thomas A	venue	
	Conditions, if ony, which gave rise to immediate couse (o), stafing the underlying couse lost.	DUE TO, OR AS A CONSEOL		CHE				
Z	PART 2 OTHER SIGNIFICANT	ION GIVEN IN PART	lio					
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		Ob. 4F YES, WERE FINING CAUS		
		HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IF	NITEM IB PART I OR PART 2	7)	
MEDICAL	ALLIEE MOT ANUITE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	ital) attended the deceased from	84	nd that in (my) (our) apinion (death occurred on the date	ond hour and from t	he couses stated	
	22b. SIGNATURE O	my W he		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	0	- 76.87	
	PICHAED	M. Huw	(27e ADDRESS 2800	GARMSO	w Bu	Ou	
	BURIAL, CREMATION, REMOVAL 1SPECIFY) Burial	8/29/87 236		cemetery or crematory r Hill Cemeter	V	COUNTY	STATE	
1.	funeral director lin. C. March F/H	West 4300 Waba	ish Ave	enue AUG		REGISTRAR'S SIGN	and the	

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG 27

Inhin 24 hours ofter death. Page 4 may be **9**straight filled in by the funeral director. page 3 **6**should be filed within 72 hours after death **6**

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate

retained by the hospital or attending physicion.

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	2 2 6 0 7
3	SEX	CONTROL PRST	MIDDLE B	a 1.	TIMOTHX)	20. DATE OF DEATH MONT 8 - ZU 6. AGE (IN YEARS LAST BIRTHDAY)	-87 7:16 An
7	o. Bif	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?	19 N YEAR	9 BALTIMORE CITY OF CO	YRS. OF DEATH
7	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY)	MARRIEL WIDOWE CL., NURSING HOME CL., NURSING HOME CL., STREET ADDRESS)		· ·	nore GM MD.
1	30. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COUI	NTY 13c. CIT	Y OR TOWN timore	YES NO 🗆	13e.STREET ADDRESS / ZIP 3709 Falls R	
Array y	-	TEMOTHY	MIDDLE Crowt	WAST	THE SS	MIDDLE MIDDLE ADDRESS	her condon
		VÁS DECEASED EVER IN Ü.S. AF YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES)	CIAL SECURITY NO.	Bunny Wiles	3709 Falls Ro	ad 21211
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT		CONSEQUENCE OF		20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MC	ONTH DAY YEAR	21c HOW INJURY OCCURRI	YES NO NO ED (ENTER NATURE OPINJUA IN 11	YES NO
	MEDICAL	THE EITHER NOTHEY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) this hosp sow the deceased dive or above. (I) (Ive) (did) (did no	ot) view the body ofter de	sed from 7 7 1987, or oth.	19 R+	, to	nd hour and from the causes stated
		226. SIGNATURE ADV	inemy		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-20:57
			ile Klin		Sinci H		Baltimor, Ind 212
	(BURIAL, CREMATION, REMOVAL SPECIFY Burial	8/24/87		emetery or crematory ry's Cemetery		(Hampden) Maryland
4		JNERAL DIRECTOR , Alan Seitz, J	r. 3818 Rol	and Ave.	21211 AUG	2 1 1987	REGISTRATISSIGNATURE

CTATE OF MADVIANO

OMPRISA STATE OF THE PARTY OF T

Mark The Rent Hard Control

2014

STATE OF MARYLAND 062322 AUG 11 97 STERRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 20 DATE KNOWN 75 HOUR LIVE OF PRINTS OF ESTI-SR. DEATH MATED XX John Crump 8 19 87 AND 3 TO THE FUNERAL DIRECTOR.

RETAIN PAGE 5 FOR YOUR FILES.

SHOULD BE FILED, WITHIN 72 HOURS

RECORDS 720 W, PRESTON STREET, 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 7d HOUR MONTH YEAR LAST BIRTHDAY PRONOUNCED 3:40P B 5 43 44 DEAD 1987 PO. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED EOREIGN COUNTRY) MD U.S.A. DIVORCED WIDOWED Baltimore City IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! UNEMPLOYED Baltimore 3120 E. Federal Street N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | YES & NO | 3120 E. FEDERAL STREET 21213 13g STATE 13b. COUNTY BALTO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HORM PW MIDDLE MIDDLE MARY JOHN TAYLOR CRUMP 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION YES 219-38-8098 ETHEL M. CRUMP 819 E. 41st STREET EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEMPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALOW TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FRANCISTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR THE STATE DEPARTMENT OF MEALTH AND MENTAL HYGIENE, DIRECTOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic alcoholism IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21s EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 214 INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, EACTORY, EARM, ETC.1 STREET CITY OR TOWN COUNTY STATE X 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian Natural causes X Hamicide L Undetermined manner Suicide TITLE (SPECIFY) ACTUAL Assistant 8/5/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr. M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY

07/84

DHMH - 17

BP

(VR A15 ME (5))

BURIAL 8/10/87 GARRISON FOREST

OWINGS

MILLS

STATE MD

24 FUNERAL DIRECTOR 1101 E. INC

SECULION EIGH

The same of the sa

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND CERTIFICATE OF DEATH

2 2 REG. NO	6 0	9
----------------	-----	---

	CEASED NAME	FIRST	M	IDDLE	U	AST	20 DATE OF	DEATH MON	ITH DA	AY, YEAR	26 HOU	R
(IIPE	E OR PRINT)	LORETTA	Α.	ANN	CUE	FFLEY	08/01	1/1987			01/	15A
3. SE	X	4.	RACE		S. DATE O		6 AGE (IN Y	EARS LAST BIRTHDA	YI I	IF UNDER I YEAR		24 HRS
	FEMALE		WH	ITE	06/29		1.4		YRS	ONINS DATS	HOURS	MIN
	IRTHPLACE (STATE C	R FOREIGN 76		WHAT COUNTRY?	8			RE CITY OR CO		OF DEATH		
MARYLAND		U.S.A		WIDOWE	NEVER MARRIED	BZ	ALTIMOR	E CI	TV			
_	ITY OR TOWN OF D	EATH 11				R OTHER INSTITUTION		OCCUPATION	01.	~	OF BUSINE	SSO
-	BALTIMORE	/	St. Ag	nes Hosp:	ital			MAKER	PRKING LIFE)			
130. 5	AL RESIDENCE (IF NO STATE MARYLAND	136 COUNTY		GIVE RESIDENCE BEFORE 13t CITY OR TOWI CATONSV	N I	13d. INSIDE CITY LIMITS? YES NOX		ADDRESS / ZIE FREDER		ROAD	21228	3
14 FA	JOHN	MIE	F.	COLV	VIN	GRACE	ME	MIDDLE			NOWN	
	WAS DECEASED EVE			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS				
	NO OR UNKNOWN	(IF YES GIVE W	WAR OR DATES)	217-38-	7189	EDWARD L. CU	JFFLEY	2538 FI	REDE	RICK F	D. 2	212
Ī	Conditions, if or gove rise to it couse (a), sto	mmediote	(b)	AS A CONSEQUE					-			_
ICATION	gove rise to in couse (a), sto underlying cou	mmediate ting the ise last GNIFICANT CO	DUE TO, OR	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASI	DPSY? 20	b IF YES,	WERE FIND	INGS USE	
RTIFICATION	gove rise to it couse (a), sto underlying counderlying countries. PART 2 OTHER SI	mmediote ting the isse lost GNIFICANT CO	DUE TO, OR (c) DINDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO C O TION FOR WHICH	NCE OF	N WAS PERFORMED	200 AUTO	0PSY? 200 IN	b IF YES, I CERTIFY YES	WERE FIND 'ING CAUSE	INGS USE	H2
MEDICAL CERTIFICATION	gove rise to incouse (a), sto underlying counderlying counderlying counderlying Counderlying Counterlying Cou	mmediote ting the ting the ting the SE lost GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER JURRED NORN	DUE TO, OR (c) DIVIDITIONS CO 196 CONDITIONS 216 TIME OF HOUR A.A. 21e PLACE C (AT HOME, STREET	R AS A CONSEQUE ONTRIBUTING TO C TION FOR WHICH FINJURY W. MONTH DA MONTH DA OF INJURY EET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19	216. HOW INJURY OCCURR	200 AUTO	0PSY? 200 IN	b IF YES, I CERTIFY YES	WERE FIND ING CAUSE OF PART 2	INGS USE S OF DEA' NO	TH?
	gove rise to it couse (a), sto underlying counderlying counderlying Counderlying Counderlying DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING GIFEITHER NOTIFY MIZE INJURY OCCUMPLIE ALL WORK NOTIFY MIZE Sow the deceivage of the counterly should be sow the deceivage of the counderly should be sow the deceivage of the counderlying counterly should be sow the deceivage of the counterlying counter	mmediote ting the see lost GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER UNDERLYING CAUSE C	DNDITIONS CO 19b CONDITIONS 21b TIME OF HOUR A.A. 21e PLACE C (AT HOME, STRI	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	200 AUTO YES TRED (ENTER NA	PSY? 20 IN NO IN TURE OF INJURY IN	b IF YES, I CERTIFY YES	WERE FIND (ING CAUSE (ING CAUSE) (ING CAUSE) (OUNTY)	INGS USES OF DEA'	TH?
	gove rise to it couse (a), sto underlying counderlying counderlying Counderlying Counderlying DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING GIFEITHER NOTIFY MIZE INJURY OCCUMPLIE ALL WORK NOTIFY MIZE Sow the deceivage of the counterly should be sow the deceivage of the counderly should be sow the deceivage of the counderlying counterly should be sow the deceivage of the counterlying counter	mmediote ting the tin	DNDITIONS CO 19b CONDITIONS 21b TIME OF HOUR A.A. 21e PLACE C (AT HOME, STRI	TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC)	216. HOW INJURY OCCURR	200 AUTO YES RED (ENTER NA , to deoth occurre	OPSY? 200 IN NO IN TURE OF INJURY IN CITY OR TOWN d on the dote of	VES IT YES, I CERTIFY YES	WERE FIND (ING CAUSE BIT I ORPART 2) COUNTY 9 ond from th	INGS USES OF DEA'	TH?
MEDICAL	gove rise to incouse (a), sto underlying counderlying counderlying counderlying counderlying counderlying contributions (if either notify Mills and work at work at work at work the december of the counderly incounderly in the counderly incounterly income incounterly inc	mmediote ting the see lost GNIFICANT CO RATION UNDERLYING	DUE TO, OR (c) DINDITIONS CO 19b CONDIT 21b TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME, STRI	TION FOR WHICH FINJURY M. MONTH DA M. MONTH DA DE INJURY EET, FACTORY, OFFICE, FACTORY	OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 dd that in (my) (our) apinion of	200 AUTO YES RED (ENTER NA , to deoth occurre	NO INTURE OF INJURY IN CITY OR TOWN STAFF PHYSICIAN	VES IT YES, I CERTIFY YES	WERE FIND (ING CAUSE BIT I ORPART 2) COUNTY 9 ond from th	INGS USE S OF DEA' NO [TH?

DHMH - 16 60M 7/B4 (VRA 15, 4)

TOTECHA.

F4/102/20

AUG U 7 1987 or former States

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removercarbanapolers. Pages 1 and 2 should be filed within 72 hours after death with the State Deet, of Health and Mental Hygiene prior to burial, cremating, or gapevol.	IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troundatic event, the medical examiner must be notified of Dates
	TO HO	TO FU should	MPOR

063432

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC	2	2	6	1 0
REG.	NO.			

1	FOR STA				DEF	PARTMENT OF I	ICATE OF D			2 2	6		C
1	1. DECE ASI		FIRST	,	MIDDLE		LAST		20 DATE OF DEAT	H MONTH	DAY YEA	R 2b	HOUR
	11112 01111		RACE			CURRY			AUGUST	17, 198	37	1	11:07pm
1	3 SEX			RACE		5. DATE (6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS D	EAR IF	UNDER 24 HRS
		MALE		BLACK		2 2	12	11	76	YRS		AYS M	OURS MIN.
-	7a BIRTHP	LACE (STATE OR FOR	REIGN 7	b. CITIZEN OF	WHAT COU	NTRY? 8	D NEVER	AAPPIED T	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	Н	
5	COUNT	VA		U.S.A		WIDOW		VORCED	BALTIM	ORE CI	ITY		MD.
1	10 CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSP (IF NOT IN SUCH FACE MARYLAN					ENERAL H			12a USUAL'OCCU (TYPE OF WORK FOR M RET)		HET INDUS	TRY	AILROAD
2 / 10	13a. STATE	MD	G HOME OR C 3b. COUNT		136 CITY OF	RTOWN	13d INSIDE C	NO []				239	
	14. FATHER	R'S NAME FIRST	M	IDDLE	LA	.51	15. MOTHER'S	FIRST	ME	OLE		1A51	
}		ROBERT			CURF		LUC						
		DECEASED EVER IN		WAR OR DATES	166 SOCIA	L SECURITY NO.	17 INFORMA	INT	Al	DDRESS			
	N	0			218-	10-7470	MARY	A. RAGI	AND 2017	BURNWO			TE INTERVAL
	gor cou unc	nditions, if any, we rise to imme use (a), stating derlying cause RT 2 OTHER SIGNIF	diate the last.	ONDITIONS CO	ONTRIBUTIN	ISEQUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR (CONDITION G	JIVEN IN PAR	II lio	
)	CERTIFICATION 130 THE TIPE TO	DATE OF OPERATION	NC	196 COND	TION FOR V	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FIN	JSES OF	S USED F DEATH?
	00.0	ACCIDENT WAS UNDER	USE OF DEAT	21b. TIME O HOUR A.	M. MONT	H DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF		YES []		
	WEDICAL WH			21e PLACE		OFFICE FARM, ETC.)	211 LOCATE STREET	NO	CITY	OR TOWN	COUNTY	Υ	STATE
	10	I certify that (1) (t saw the deceased above, (13/we) (dia	olive on_	AUGUST	17.				to <u>AUGU</u> ; death accurred on t			the cou	
		SIGNATURE	arl	F.	Love	MD		ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF IYSICIAN X	216 D	ATE SIG	3/87
	22d	PHYSICIAN'S NAM	arl	F. L	ove,	MD	22e ADDRES		AND GENERA	AL HOSE	TAL		
	230 BURIA (SPECIF	BURIAL		236 DATE 8/21	/87	MD NAT		PK.	LAURE		COUNTY		MiD^1E

DHMH - 16 60M 7/84 (VRA 15, 4)

WM. C. MAF 1101 PRES. NORTH AVE. MARCH F/H, INC.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

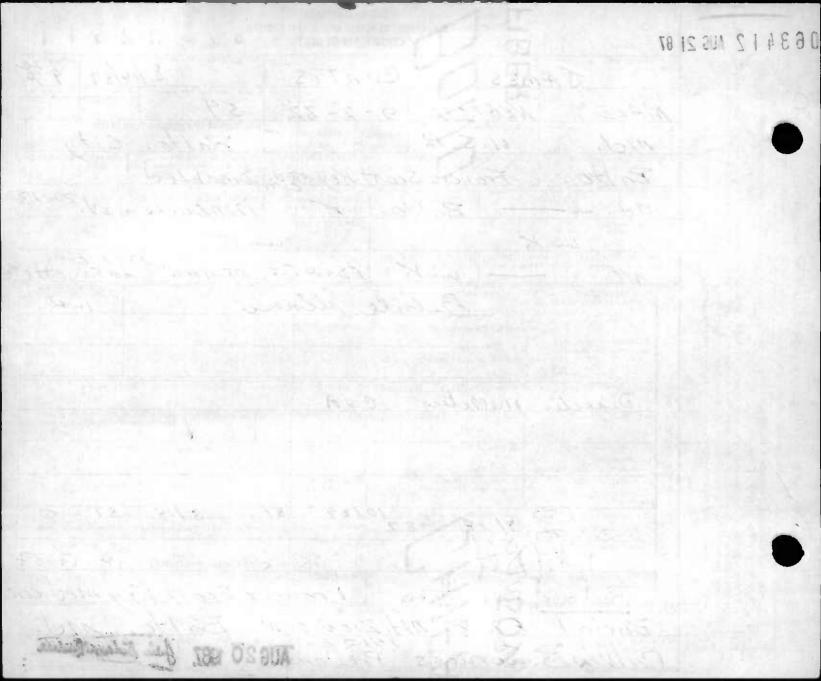
FOR STATE REGISTRAR

87

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

2 6 REG. NO.

		EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	AONTH DAY	YEAR	76 HOUR
	(TYPE	OR PRINT)	MES	Cu	RTIS		8/14	487	9 Pm
3	3. SEX		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONI	NDER I YEAR	IF UNDER 24 HRS
	1	PALE	NEGROID	9 -	-2 - 32	59	YRS.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF	DEATH	
5		Md.	U.S. H.	WIDOWE		Bal	6.	CIT)/ MD.
1	10 CT	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR 		OR OTHER INSTITUTION	12a USUAL OCCUPATION		176 KINDLOF	BUSINESS OR
		Balto-	Francis	Scot.	+ Key Med	Disabl	00		
C	USUA 13a S	TATE 136 COUN			13d. INSIDE CITY-LIMITS?	13e.STREET ADDRESS /	ZIP CODE	1	21213
		nd.	Bal	70,	YES NO		rham	154.	
0	I4 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDIE		LAST	
		AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRES	S 1157	011	<u>-</u> ,
	(1	ES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	15	EDNA SP.	EARMAN	1 1	afa	yette to
		18 CAUSE OF DEATH (Enter on	ily one couse per line form, (b),	and (c)	00			APPROXIM BETWEEN O	NATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o)	nile	illnes	W		10	will.
П			DUE TO, OR AS A CONSEC	UENCE OF					
		Conditions, if ony, which	((b)						
- 4		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF					
		underlying couse last.	(c)						
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING !	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
	T10	Deaheles	Mellitics	(CVA	200 AUTOPSY?	20b IF YES, WI	EDE EINIDIN	CC HCEP
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES TO NOT	IN CERTIFYING		
	CERT	710. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			OR PART 2)	
39		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		. 1			
/	MEDICAL	714 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOM	46.1	COUNTY	STATE
4	W	AT WORK NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITYORTOW		COOMIT	SIAIL
			(n) ottended the deceosed from	10	129 19 81	_, to	14 19-	87.	that (I) lost
		sow the deceased alive on	view the body after death.	87.01	nd that in (my) (our) opinion o	death occurred on the do	e and hour on	d from the c	touses stated
		776. SIGNATURE	NAM	Y	DEGREE		A-19-1 1-9	771. DATE S	SIGNED
		20	DA		PHYSICIAN X	MEDICAL STAF	AN 🗌	8 "	17.87
		22d. PHYSICIAN'S NAME (TYPE	PRINT)		77e ADDRESS		1 -		- / /
		Richard	Bennett	NO	Franci	5 Scot	+ Ke	y m	ec. Cent.
		URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11/0	OUNTY	STATE
		Buria/	18-22-87	117.2	LION CAM	1 501	10,	1	10.
	24 FL	INERAL DIRECTOR	ADDRES	14	12 4 The DATE	REC'D BY REGISTRAR	SPRECISTE OF	SIGNAL	San Page
		alvino	. werugg	5 +	restons	100 BOL	1		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

£	2	
0		
	05.0	

1987

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2261

REGISTRAR				REG. N	0.	203
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 25 HOUR
JOSEPH	OLLIE	CI	JRTIS	8	12 87	٨
3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
MALE	BLACK		4 °^1917 **	70	YRS	
To BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		Н
MARYLAND	US	WIDOW		CITY		M
10. CITY OR TOWN OF DEATH BALTIMORE	1324 WEST			TYPE OF WORK FOR MOST OF RETTRED		ND OF BUSINESS OR STRY
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL		CE BEFORE ADMISSION) IN TOWN IMORE	134 INSIDE CITY LIMITS?	1324 WEST	LANVALE ST	r. 21217
ROGER ROGER	WOLD	ĚN	15 MOTHER'S MAIDEN NA MARY	Twiddre	CURT	IS
160 WAS DECEASED EVER IN U.S. A	VE WAR OR DATECT	L SECURITY NO.	17. INFORMANT	55		
(YES NOOR UNKNOWN) (IF YES G	220-0	09-0189	CHART			
18 CAUSE OF DEATH (Enter of	only one couse per line for (o).	(b), ond ic	1 11	4	AP BETV	PROXIMATE INTERVAL
PART I. DE ATH WAS CAUS	ATE CAUSE (b) nob	able ar	rkythma		in	mediate
	DUE TO, OR AS A CON	ISECUENCE OF		0.1	1	
Conditions, if any, which		Mobic	abnormality.	2 chumici	renal faile	re uniones
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON		4		0 .	
underlying couse lost		estive 1	Le art Lactur	e	1	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(o)
¿ hypur	tension, diab	etes me	lirtus			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES	
	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PAR	т 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
WHILE NOT WHILE O	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
27a.1 certify that (I) (this has	pital) attended the deceased	from		, to		, that (I) (we) lost
sow the deceased alive a obove, (1) (we) (did) (did)	n ot) view the body ofter deoth.	_19 o	nd that in (my) (our) opinion	death occurred on the de	ote and hour and from	the couses stated
22b. SIGNATURE	ew W. Konj		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF (P/14/87
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	No. 15 H	Wyman Park	hed Ctri	3100 Wym	onpk dr
230. BURIAL, CREMATION, REMOVA	L 23 DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BURIAL	8-17-87	GARRISC	ON FOREST VET.	OWINGSMII		

ADDRESS

NORTH MONROE STREET

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR:

TO HOSPITAL

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

IMPORTANT: If Item 21 is marked or Item 18 shows any

24. FUNERAL DIRECTOR

PHILLIPS

certificate has been

E IN A SECURE OF THE PARTY OF

rant Tunkan

. .

etely filled in by the funeral director, page 3 2 sirolid be filed within 72 hours after death thin 24 hours after death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical probability of the ottending physical permit. Then please remove carbon population be after been found to the buriel through on the state beet, of Health and Mental Hygiene prior to buriel, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL OF GIENE
CERTIFICATE OF DEATH

2 2 0 1 3 2 2 6 1 3

3. SE	THOMAS	14.0	RACE J.		ESANDRO JR.	6 AGE LIN YEARS LAST BIR	THE UNIT	DER I YEAR IF UNDER 24				
A	N.		W		8/1/1903	04	MONTH					
Ze BI	IRTHPLACE (STATE OR FOI	REIGN 7b.		WHAT COUNTRY? 8		9 BALTIMORE CITY O	R COUNTY OF D	EATH				
	MARYLAN		4.5	MAR	RIED NEVER MARRIED WED DIVORCED	BALTMORE	C174					
10 C	ITY OR TOWN OF DEAT	H 11.	NAME OF H	OSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 121	KIND OF BUSINESS				
13	BALTMORE			RCY HOSPITA	92	INSURA		ENSURAN				
USU	AL RESIDENCE (IF NURSIN	G HOME OR OTH		GIVE RESIDENCE BEFORE ADMISSIO	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS						
-	1ARYCANO	BALTIME		BALTIMORE	YES NO	245 ALBER		2/202				
14. FA	ATHER'S NAME	MIDD	DIE D.	g LAST	15 MOTHER'S MAIDEN NA	MIDDLE	1.	a Chs v				
1	Homas		DA		OR. ANTOINE		FLO	OPPIANO				
	WAS DECEASED EVER IN	(IF YES, GIVE WA		166 SOCIAL SECURITY NO 213-20-9368	D. 17 INFORMANT	ADDRE		212				
	No			213-20-7700	IVANCY D	ALESAND.	Ro 24	5 ALBenn				
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only o	one couse per	line for (a), (b), and (c).1			-	APPROXIMATE INTERVA BETWEEN ONSET AND DE				
		MMEDIATE C		Patricular c	ruly Morin							
	7.		DUE TO O	AS A CONSEQUENCE OF								
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) melecular introduction											
	gove rise to imme	ediate 1	1	(1								
i i			/		V							
	couse (0), stoting	the 1	DUE TO, OI	r as a consequence of	F							
		the 1		r as a consequence of	F							
	couse (0), stoting underlying couse	the lost	(c)									
	couse (0), stoting underlying couse	the lost	(c)		SUT NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN IN	PART Ito				
NO	couse (0), stoting underlying couse	the lost	(c)			MINAL_DISEASE OR CON	DITION GIVEN IN	PART No				
ATION	ouse (0), stating underlying cause PART 2 OTHER SIGNI	the lost	(c) NDITIONS <u>CC</u>	ONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERM	*	- 480					
ICATION	couse (0), stoting underlying couse	the lost	(c) NDITIONS <u>CC</u>		UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WEI	RE FINDINGS USED				
IIFICATION	ouse (0), stating underlying cause PART 2 OTHER SIGNI	the lost	(c) NDITIONS <u>CC</u>	ONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATH				
ERTIFICATION	couse (a), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION	the lost	(c)	ONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH'				
CERTIFICATION	PART 2 OTHER SIGNI 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDER	the lost ((c)	ONTRIBUTING TO DEATH E TION FOR WHICH OPERA FINJURY	OUT NOT RELATED TO THE TERM TION WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH'				
	COUSE (D), storing underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA	THE LOST CON	19b. CONDI	ONTRIBUTING TO DEATH E TION FOR WHICH OPERA FINJURY M. MONTH DAY YE	TION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH'				
	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	THE LOST. IFICANT CON ON ERLYING AUSE OF DEATH AL EXAMINER)	19b. CONDI 19b. TIME O HOUR A.	ONTRIBUTING TO DEATH B TION FOR WHICH OPERA FINJURY M. MONTH DAY YEA M. 1	TION WAS PERFORMED 21c. HOW INJURY OCCUR 9	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH'				
	COUSE (D), storing underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA	THE LOST. IFICANT CON ON ERLYING AUSE OF DEATH AL EXAMINER)	19b. CONDI 19b. TIME O HOUR A. 21e PLACE	DITRIBUTING TO DEATH B TION FOR WHICH OPERA F INJURY M. MONTH DAY YE, M. OF INJURY	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES TEN ITEM 18 PART I C	RE FINDINGS USED CAUSES OF DEATH NO []				
MEDICAL CERTIFICATION	PART 2 OTHER SIGNI 19a DATE OF OPERATA 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA 21d. INJURY OCCURRE	THE LOST. IFICANT CON ON ERLYING LOST DEATH ALEXAMINER) ED	19b. CONDI 19b. TIME O HOUR A. 21e PLACE	ONTRIBUTING TO DEATH B TION FOR WHICH OPERA FINJURY M. MONTH DAY YEA M. 1	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES TEN ITEM 18 PART I C	RE FINDINGS USED CAUSES OF DEATH'				
	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	THE LOST. IFICANT CON ON ERLYING LOST DEATH ALEXAMINER) ED	19b. CONDI 19b. TIME O HOUR A. 21e PLACE	DITRIBUTING TO DEATH B TION FOR WHICH OPERA F INJURY M. MONTH DAY YE, M. OF INJURY	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES TEN ITEM 18 PART I C	RE FINDINGS USED CAUSES OF DEATH NO []				
	PART 2 OTHER SIGNI 19a DATE OF OPERATO 21a, ACCIDENT WAS UNDED OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICA 21d, INJURY OCCURRE WHILE NOTIFY MEDICA AT WORK	THE LOST. IFICANT CON ON ERLYING AUSE OF DEATH ALEXAMINER) ED	19b. CONDI 21b. TIME O HOUR A. 7. 71e PLACE (AT HOME, STR	DITRIBUTING TO DEATH B TION FOR WHICH OPERA F INJURY M. MONTH DAY YE, M. 1 OF INJURY BET, FACTORY, OFFICE, FARM, ETC.	216. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO	200. IF YES, WEI IN CERTIFYING YES TEN THE TEN THE PART I CO	RE FINDINGS USED CAUSES OF DEATH NO CORPART 21				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (HE EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOTHWHILL AT WORK ALWORK 22a.1 certify that (1) (1)	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e PLACE (AT HOME, STR	TION FOR WHICH OPERATION FOR WHICH OPERATION FOR WHICH OPERATION IN THE PROPERTY OF THE PROPER	21c. HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO COUNTY STATE				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AND AT WORK 22a. I certify that (1) (1) saw the deceased	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR ottended th	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	216. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO COUNTY STATE				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAME CONTRIBUTING AL WORK 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK AL WORK 22a, I certify that (1) (1) sow the deceased above, (1) (we) (dir.	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR ottended th	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	211. LOCATION STREET , and that in (my) (our) apinion	200 AUTOPSY? YES NO CITY OR TO	20b IF YES, WEIN CERTIFYING YES THE TIME TO THE TIME T	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AND AT WORK 22a. I certify that (1) (1) saw the deceased	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR ottended th	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21l LOCATION STREET Jond that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the di	20b IF YES, WEIN CERTIFYING YES THE TIME TO THE TIME T	RE FINDINGS USED CAUSES OF DEATH NO COUNTY STATE				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAME CONTRIBUTING AL WORK 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK AL WORK 22a, I certify that (1) (1) sow the deceased above, (1) (we) (dir.	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR ottended th	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21l. HOW INJURY OCCUR 21l LOCATION STREET 19 21l LOCATION STREET DEGREE ATTENDING	20d AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the di	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAME CONTRIBUTING AL WORK 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK AL WORK 22a, I certify that (1) (1) sow the deceased above, (1) (we) (dir.	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR ottended th	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21l LOCATION STREET , 19 DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the di	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAME CONTRIBUTING AL WORK 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK AL WORK 22a, I certify that (1) (1) sow the deceased above, (1) (we) (dir.	THE LOST. IFICANT CON ON ON ON ON AUSE OF DEATH AL EXAMINER) ED this hospitol) d olive on d) (did not) vi	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. HOUR A. 11c. THE O HOME, STR 11c. THE O HOM	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21l. HOW INJURY OCCUR 21l LOCATION STREET 19 21l LOCATION STREET DEGREE ATTENDING	20d AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the di	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 22a. I certify that (1) (1) SOW the deceased above, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAA	IFICANT CON ON ON ON ON ON ON ON ON ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. HOUR A. 11c. THE O HOME, STR 11c. THE O HOM	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21l LOCATION STREET 21l LOCATION DEGREE ATTENDING PHYSICIAN [22e ADDRESS	20d AUTOPSY? YES NO CITY OR TO CITY OR TO depth occurred on the do MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 22a. I certify that (1) (1) SOW the deceased above, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAA	IFICANT CON ON ON ON ON ON ON ON ON ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. HOUR A. 11c. THE O HOME, STR 11c. THE O HOM	DITRIBUTING TO DEATH E TION FOR WHICH OPERAT F INJURY M. MONTH DAY YE, M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21l LOCATION STREET 21l LOCATION DEGREE ATTENDING PHYSICIAN [22e ADDRESS	20d AUTOPSY? YES NO CITY OR TO CITY OR TO depth occurred on the do MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
MEDICAL	COUSE 101, stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CARRET CONTRIBUTION CONTRIBUTION COURSE WHILE NOT WHILE AT WORK 22a, I certify that (1) (1) sow the decessed obove, (1) (we) (dir 22b, SIGNATURE 22d, PHYSICIAN'S NAA CHEALT	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e PLACE (AT HOME, STR ottended th // 2 } iew the body	DITRIBUTING TO DEATH BETTION FOR WHICH OPERATION AND THE DAY YEAR M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from 19	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 212. ADDRESS 147// VALIBAT	200 AUTOPSY? YES NO CITY OR TO CITY OR TO Depth occurred on the di MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	RE FINDINGS USED CAUSES OF DEATH NO ORPART 21 OUNTY STAT				
MEDICAL	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 22a. I certify that (1) (1) SOW the deceased above, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAA	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. HOUR A. 11c. THE O HOME, STR 11c. THE O HOM	DITRIBUTING TO DEATH BETTION FOR WHICH OPERATION AND THE DAY YEAR M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from 19	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21l LOCATION STREET 21l LOCATION DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC TOR SULTA 1236. LOCATION	20b. IF YES, WEI IN CERTIFYING YES RY IN ITEM 18 PART I C WWN C Steend hour and	OUNTY STATE SIGNED - PASS STORE STATE STAT				
MEDICAL	COUSE (D), stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK 27a. I certify that (I) (I) sow the deceased above, (I) (we) (die 22b. SIGNATURE 22d. PHYSICIAN'S NAA CHEAL BURNAL, CREMATION, RI 199 (FF)	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e PLACE (AT HOME, STR ottended th // 2 } iew the body	DITRIBUTING TO DEATH BETTION FOR WHICH OPERATION AND THE DAY YEAR M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from 19	211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 471. VALIBAT FERMATTERY OR CREMATORY	ZOO AUTOPSY? YES NO CETT OF TO CITY OR TO AMEDICAL STA DIRECTOR PHYSIC ZOO AUTOPSY? YES NO CITY OR TO AMEDICAL STA DIRECTOR PHYSIC ZOO AUTOPSY? ZOO AUTOPSY?	20b. IF YES, WEIN CERTIFYING YES THE NUMBER OF THE NUMBER	OUNTY STATE SIGNED - PASS STORE STATE STAT				
WEDICAL	COUSE 101, stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CARRET CONTRIBUTION CONTRIBUTION COURSE WHILE NOT WHILE AT WORK 22a, I certify that (1) (1) sow the decessed obove, (1) (we) (dir 22b, SIGNATURE 22d, PHYSICIAN'S NAA CHEALT	THE LOST ON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. 21e PLACE (AT HOME, STR ottended th // 2 } iew the body	DITRIBUTING TO DEATH BETTION FOR WHICH OPERATION AND THE DAY YEAR M. 1 OF INJURY EET, FACTORY, OFFICE, FARM, ETC. e deceosed from 19	211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 1471 VALIBAT FERMETERY OR CREMATORY CATALORY 15. CEMETERY OR CREMATORY CATALORY CAT	200 AUTOPSY? YES NO CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC TOR SULTA 1236. LOCATION	20b IF YES, WEIN CERTIFYING YES WAN COMMAND THE MISS PART I COMMAND THE MISS	OUNTY STATE				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

1	87	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYS	IENE /	2 2	6 1	4
		OR BRIDGE	est ichai		II 2	Dalma	aso	20. DATE OF DEATH Augus		DAY YEAR	2b. HOUR
	3 SEX	Male	4	RACE White		S. DATE C	DF BIRTH 23, DAY 1927 AR	6. AGE (IN YEARS LAST B		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
7		RTHPLACE (STATE OR FORE COUNTRY).		U.S.		MARRIE WIDOWE	DEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltimo		ity	MD.
1	В	TY OR TOWN OF DEATH altimore		Union M	rachity, give street /	Hospi	or other institution	OSUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING	LIFE) INDUSTRY	Fire De
<	13o. S	Maryland	COUNT	Υ 1	Baltimor	N	13d INSIDE CITY LIMITS?	1333 SPEET ADDRESS Sene	ca St	reet (2)	L211)
ť)	THER'S NAME FIRST Angel	0		lmaso		15. MOTHER'S MAIDEN NAM	MIDOLE		Orsi	ja
	16a W	VAS DECEASED EVER IN VES NO OR UNKNOWN) (1)		WAR OR DATES)	66. SOCIAL SECUI 219-22-20		17. INFORMANT Evelyn Balmas	o-3402 Sen		t.21211	
	NOI		the last.	(c)	Atheroc AS A CONSEQUE		Mic Conne	JAHERY INAL DISEASE OR COI	ADITION G	GIVEN IN PART 11	17 years
1	CERTIFICATION	19a DATE OF OPERATIO	110			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT	ES, WERE FINDIF TIFYING CAUSES YES []	
1	MEDICAL CEI	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRED	SE OF DEATH	P.M. 21e. PLACE OF	. MONTH DA	19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF IN)		8 PART 1 OR PART 2}	STATE
	ME	WHILE AT WORK AT WORK			deceosed from	ARM ETC)	51REET				that (I) (we) last
	100	sow the deceosed above, (I) (we) (did) 22b. SIGNATURE	olive on_ (did not)	ew the body of	lter death.		DEGREE ATTENDING PHYSICIAN PHYSICIAN		AFF	22t, DATE	
1		LAURONE	inn on	DLOM	W M	<u> </u>	22e ADDRESS	Count	Rd	2/10	8.
	23a B	urial, cremation, res Specify) Burial	MOVAL	23b. DATE 8/11/87		NAME OF C	EMETERY OR CREMATORY 1 Episcopal Ch	cem Cocation	eysvi	lle, Md.	STATE
		NERAL DIRECTOR Seit	z- 3	818 Rola	and Aven	ue	250 DATE	REC'D. BY REGISTRA		STRAR'S SIGNAT	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

3/11/8

Test Cit allies

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-L DIRECTOR. YOUR FILES. N 72 HOURS TON STREET, DEATH MATED Clifton 8 Darby AGE (IN YEARS 2d HOUR 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE MONTH LAST BIRTHDAY PRONOUNCED 1:19A 62 25 B 4 9 DEAD 19 1987 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRYS U.S.A. Baltimore City MD WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HOSPITAL MERCY Baltimore 901 Cator Avenue SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Un STATE 13h COUNTY 13c. CITY OR TOWN BALTO. 1901 CATOR AVENUE 21218 YESXX NO T MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST ALMA DARBY FRAZIER DARBY THOMAS 7. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 214-78-4396 901 CATOR AVENUE ALMA DARBY APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. Stab wound of chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MI PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO EUNERAL DIRECTOR: PAGE 3 SHOULD BE USING AFTER DEATH, WITH THE STATE EPPARIMENT OF BALTIMORE, MADVIAND. YES [X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 12:50xx 8 19 10 87 Subject stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME ZIL LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE Balto MD 901 Cator Ave. home 22a. I certify that I taak charge of the remains described above, held on Autops Inspection loquiry and in my apinian Humicide X Undetermined manner death resulted frame Natural causes TITLE (SPECIFY) 8/19/87 Assistant MEDICAL EXAMINER SKINATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE MD BURIAL 8/24/87 BALTIMORE CEMETERY BALTIMORE 07/84 BP AUG 21 1087 25M 24. FUNERAL DIRECTOR

MARCH F/H. INC. "1101 E. NORTH AVE.

DHMH - 17

(VR A15 ME (5))

AUSSI

				S	Ī	A	1	Ì	3	0	ı	:	h	Ą	A	R	2	Y	L	A	1	d	D	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	2.	6	1	E
S-10	-	1		- 1

0640	52	AUG 28	87.	FOR STATE REGISTRAR		DEI		EALTH AND MENTAL HY	0 /	2 6	16	
		W		CEASED NAME FIRST		MIDDLE		AST	REG. NO	MONTH DAY		HOUR
	2 50	N	11111	CH /	seles F	Edward	DAL	M		8 25	87 6	130 AM
	0 8		3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS.
	ope -	5	1	Malen	h	white	11	15 15	71	YRS.		Mar.
-	£ 91	-8L	7o. BI	RTHPLACE (STATE OR FOREIGN		F WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		
	9 %	1	10 C	Maryland		ISA EHOSPITAL N	WIDOWE	D DIVORCED D	120 USUAL OCCUPATI		City 26. KIND OF BU	MD.
107	of the	4	E	ALTIMORE	(IF NOT IN SI	INA	Hospita	1	Pridemark	FWORKING LIFE) IN	Homes	ISINESS OR
MARYLAND 2120	124 hou	起	13a S	AL RESIDENCE (IF NURSING HOME) TATE Maryland Ba	DUNTY	13c. CITY OF Dune	E BEFORE ADMISSION) RTOWN dalk	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 301 German	ZIP COPE n Hill F	Road 21	222
MARYL	1	23	3	Charles	WIDDLE	Da	um.	15. MOTHER'S MAIDEN NA Frieda	WE		Kratz	
BALTIMORE	3)/2	160 V	VAS DECEASED EVER IN U.S. (15 YES NO OR UNKNOWN) (15 YES	ARMED FORCES?		SECURITY NO. 09-3618A	Norma E. D	aum 301 Geri			21222
BAL	ysige	o do		18 CAUSE OF DEATH (Enter	r only one couse pouse pous pous pous pous pous pous pous pous	-				-	APPROXIMATE BETWEEN ONSET	
ST.,	ertifica ig phys	remavo event,			DIATE CAUSE (0)_	(SR	diAC A	RREST			innedi	ATC
NO -	oth c	n, or					SEQUENCE OF	C		1		
RES	e de	mation, o		Conditions, if any, which gove rise to immediate		Met	ASTATIC	. (sucer				
× .	by th	, crem other		couse (a), stating the underlying couse last.	DUE TO,		SEQUENCE OF	CANCER		-		
05, 201	signed	nen pled a burial jury, or	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS (AINAL DISEASE OR CON	OITION GIVEN II	V PARI Ito	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	an. hos been	ene prior i	TIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	USED DEATH?
VIIV	SICIAN: T ng physicia certificate	or w	CERTIFI	210. ACCIDENT WAS UNDERLYING		OF INJURY	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
0	g pl	Mentol	CAL	OR CONTRIBUTING CAUSE OF	DIAIN	P.M.	19					
VISION		olth and Me marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACI	E OF INJURY	OFFICE, FARM, ETC }	21f LOCATION STREET	CITY OR 10	NN (COUNTY	STATE
Ω :	NDIN NO N	deolth s ma		220.1 certify that (I) (Rus he				6 1981		5 19_	87. that	(l) we) ost
	Spital CTOR:	of 10		sow the deceased alive	not) view the bod	ly after death.		d that in (my) (our) opinion	death occurred on the do	ite and hour and	from the cous	es stated
9	ok Al	Dept.	1	27b. SIGNATURE	10	4		DEGREE	MEDICAL STAF		22c DATE SIGN	NED
		P S S S		22d. PHYSICIAN'S NAME (IV	W Alle	in			DIRECTOR PHYSIC		-	
(HOSPITAL uned by #	with the State		As Thus		Legre	1	SIMAI	Hospita			
(D 를 2.	# 3 E	23a. E	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION			
	BP			SPECIFY) Burial	8-26	5-87	Holly		Baltim	ore Mary	Tand	STATE
D	HMH - 16	60M 7/84	24 F	INERAL DIRECTOR Duda	a-Ruck Fu 2 Wise Av	neral	Home of	Dundalk 21222	TEAT THAT	356 BECOMPANY	SIGNATURE	-
	(VPA			7922	Wise At	ve. Dun	uain, M	בבבב חטט	- 1001· ()			

DHMH - 16 60M 7/84 (VRA 15, 4)

a AUG

requires that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital ar attending physician

mpletely filled in by the funeral director, page ond 2 should be filed within 72 hours after dean

within 24 hours ofter

executed

			FOR			/ L.		E OF MAKTLAND				
		1 -	STATE REGISTRAR			DEPARTI		IEALTH AND MENTAL HYO	REG. N	. 2	2 6	17
CCI	0	L DE	CEASED NAME	FIRST		MIDDLE	- 11	LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
SEI		2 0	F PRINT)	annie	2	L.	Da	venport	8/31/	37		
		3 SE		- 4	RACE	1	5. DATE		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
>			F		В	-	MONT 5	8 DAY 190 2 R	85	YRS	MONTHS DAYS	HOURS MIN.
nco	2		RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
0	lines.		Va.		U.S.		WIDOW		City			MD
Page	1	10. C	ITY OR TOWN OF DE	ATH]]	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS}	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
(5)	-		alto.		2016	Harlem	Ave	nue	Retired		Ho	ospital
ust b	En	130 5	AL RESIDENCE (IF NUR	136 COUNT		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2	1017
E .	1		Md.			Balto.		YES X NO [2016 Ha:	rlem	Avenu	60-1
3	-	14. F.A	ATHER'S NAME FIRST	м	IDDLE	EAST		15 MOTHER'S MAIDEN NA	ME		LAS	.51
S &	0		Ned			Colema		Lucy		Jo	hnson	
dico	1		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	SS		
ae a			no			220 30	149:	A James	Davenport	2016		
1			18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (a), (b), an	dicki	Λ			BETWEEN	ONSET AND DEATH
y:			PARTI. DEATH V	IMMEDIATE		CARDIOR	ulmo	NARY ATT.	est		10	מומ
3	all.				DUE TO, O	R AS A CONSEQUE	ENCE, OF					
troum			Conditions, if ony		(b)	Adhero	siles	atic heart is)15 ease		15	455
ther traum			couse (o), statis	ng the	DUE TO, OI	R AS A CONSEQUI	ENCE OF					,
ar other					(c)							•
lo bu	- 0	z	PART 2 OTHER SIG	NIFICANT CO	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVI	EN IN PART 1	io.
=	770	CERTIFICATION	19a DATE OF OPERA	TION	19h CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IF YES	, WERE FINDI	NGS LISED
	4	FIC			170. 00.10	THO THOSE WITHOUT	OI EMATIC	TASTER SIMES		IN CERTIF	YING CAUSES	S OF DEATH?
Hygiene 18 shows	+	ERT	21a. ACCIDENT WAS UN	DERLYING	216, TIME O	F IN IURY		21c. HOW INJURY OCCUR	PED (ENTER NATURE OF INTE		S	NO 🗌
E 18	0		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D.			KED (EINIER INFIDIRE OF 11970	KT IIN II CM 10 T	ANT TON THIN 27	
r Item	7	MEDICAL	21d INJURY OCCUR		P.		19	211 LOCATION				
and Mental	-	MEI	WHILE NOT WE	HILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE
ealth and M	П			RK	b 1 1 d			457 2 19 86	in Aues	+	5-7	
E .∞		. 10	sow the deceas	ed alve on	3/3	e deceased from	2-1	di attaus	death occurred on the			that (I) (we) last
of. of			22b. SIGNATURE	did did not	view the body	ofter death.		DEGREE			22 CDATE	
If Item			w	2. 6	XA.	1. 1		ATTENDING	MEDICAL STA	FF _	- OI	1.10-
MPORTANT:	-		22d. PHYSICIAN'S N.	AMF (TYPE OR	PRINT).	ress		PHYSICIAN [DIRECTOR PHYSIC	IAN	71	110/
MPORTANT:			Mark	150	blice	1		Tahak &	LOKINS H	wide)	
IMP(1	22- 5	BURIAL, CREMATION.	SEMBY.	A) (195)	er mo	HAME OF C	JONES L	1236 LOCATION	401 008		
			SURIAL, CREMATION, SURIAL	KEMOVAL	23b. DATE		Balto	emetery or crematory Natio	CITY OR TOWN	-0	COUNTY	STATE
			UNERAL DIRECTOR		Sept.4	, 1987	Darte		nal Balt TE REC'D, BY REGISTRAR			Md.
M 7/8	4	370	NAME			ADDRESS		SEI	0 1 1087	wie De	vidour-R	THOUSE
4)		- 1	las. A. M	ortor	1 & SO	ns [/()]	Lann	rens St.	- 100147		-	

Laurens

Morton & Sons 1701

DHMH - 16 60M 7/84 (VRA 15, 4)

Jas.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremațian. MPORTANT: If Hem 21 is marked at Item 18 shows ony injury, at other traum

DHMH - 17

(VR A15 ME (5))

ansfore to la agen (35 1) gilmon

AUG 3 1 BBD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN DEATH MATED Edna 8 Davis 4 19 87 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 74 HOUR DATE LAST BIRTHDAY PRONOUNCED WHITE FEMALE 12:48 JUNE 15,1909 78 YRS DEAD 4 198 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED MARYLAND Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY SALESLADY RETAIL Baltiore Maryland General Hospital LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 21215 5715 PARK HTS. BALTO. YESK MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN **NECHAMA** JOSEPH DAVIS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT AARON MILLERADDREAPT. 804 21215 6210 PARK HTS. AVE. BALTO. MD NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Arteriosclerotic cardiovascular disease OR REMOV DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost EXECUTE THE CERTIFICATE, WRITING THE WOLD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF-MEDICAL EXA TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. AND WITH HIS TATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY 21e PLACE OF INJURY 21L LOCATION AT WORK AT WORLE STREET, FACTORY FARM FIC I STREET CITY OF TOWN COUNTY STATE X 22a I certify that I took charge of the remains described above, he was Autopsy Inspection ond in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 8/5/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. ADDRESS Penn St. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION ROSEDALE MD AUG.7,1987 BETH HAMEDROSH HAGODOL BALTO. BURIAL 07/84

21215

SOL LEVINSON & BROS., INC.

BALTO., MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Deviden Randas

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

8 7	0
REG. NO	4

2	2	62
DAY	YEAR	Zo. HOUR
0.4	07	110.20.

064061 AUG	8 87	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	2262
A		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR ZO. HOUR
9e 3	(146)	ESTEL]	LE JEAN	DAVIS	8	24 87 10:30a
ge 4 mo) ector. pa	3 SE	x Female	White	5. DATE OF BIRTH ONTH 2 2 0 4	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
eoth. Pog.	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTS U.S.A.	MARRIED NEVER MARRIED WIDOWEDXX DIVORCED	Baltimore,	
is ofter d	10 C	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Church Hospi	SING HOME OR OTHER INSTITUTION LEET ADDRESS) Lal	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Secretary	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY Manufacturing
AND 21201	_1 13a !	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT -		OWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 34 S. East Av	ode venue 21224
BALTIMORE, MARYLAND cote be executed within 24 substitution and fortpleasy of security and control of the security of the secu	26	Joseph	Rochowi		WIDDLE	Lukowsky
IMORE,		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GN	WAR OR DATES	6-2234A Richard P. D.	avis, 4430 Spri Baltimore	ngwood Avenue Md. 21206
W. PRESTON ST., of the death certific y the attending ph se remove corbonp the remotion, or remo			All one couse per line for (o), (b), ED BY: CARDIO TE CAUSE (o) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c)	QUENCE OF ATHERGSCLE		APPRÖXUMATE INTERVAL BETWEEN ONSET AND DEATH
orders the requires the requires the Then pleas or to bursol, injury, or o	NOI			ODEATH BUT NOT RELATED TO THE TERM TRIAL FIBRILATIO		GIVEN IN PART 1:0
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The low requir other than dring physicion. If the this certificate has been sign on the burol-tronsit permit. Then hond Amenal Hygiene prior to borked or them 18 shows only injury.	MEDICAL CEN	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
DIVIS VDING P I or other the second the se	×	WHILE NOT WHILE 22a.1 certify the (1) this hosp	(AT HOME, STREET, FACTORY OFFI	8/23 19.87	, to8/2.4	
O HOSPITAL OR ATTER etonined by the hospitol TO FUNERAL DIRECTOR should be detoched for with the Store Dept of H MAPORTANT: If them 21 in		126 SIGNATURE	t) view the body ofter death.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSE retorned TO FUN Should b with the	23a	BURIAL, CREMATION, REMOVAL (SPEC BUrial	23b DATE 2	R NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d LOCATION	Baltimore Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

A FUNERAL DIRECTOR
Ann S. Matthews, Matthews Funeral Home
3021 Eastern Ave., Baltimore, Md.

Oak Lawn Cemetery 236 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE AUG 2 7 1987 Julia Dandon Rades

63731	AUGL	1 - 26	FOR STATE 2 STATE AKA :E.	HELEN	depart DAVIS	MENT OF H	E OF MARYLA EALTH AND I	MENTAL HYGI	ENE REG. N	2	2 6	2
00101	1100	. DE	EASED NAME FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
of the		10,40	/- ETHEL		H.	I	AVIS			08	21 87	0430 Am
6 9		1. SEX		4. RACE		5. DATE C		YEAR	& AGE (IN YEARS LAST BE	THDAY	MONTHS DAT	AR IF UNDER 24 HRS
- 50		-	FEMALE	WHIT		MONTH 01	29	94	93	YRS		
# # 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	35		RTHPLACE (STATE OR FOREIGN OUNTRY) BALTIMORE	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER	WARRIED	9 BALTIMORE CITY OF BALTIMORE			MD.
1 11 0	0	10 CI	IY OR TOWN OF DEATH		HOSPITAL, NURS			NOITUTION	HOMEMAKER	ION OF WORKING I	126 KIND	OF BUSINESS OR
1 tilled in	35	130 S MA	RYLAND BALT		GIVE RESIDENCE BEFO 13c. CITY OR TO CATONSV	WN	13d INSIDE C	NO X	136 STREET ADDRESS 108 MAPLE	ZIP COL	o€ JE 212	28
1 180	30		THER'S NAME FIRST CHARLES	MIDDLE	RENN		1	S MAIDEN NAA FIRST EMMA	MIDDLE		BASSL	ER
1 26	2	0 0		RMED FORCES?	166 SOCIAL SEC		17 INFORMA		ADDR			21228
1 14	7		NO		213-74-	7184	EMILY	WESSEL	108 MAPLE	AVE.		SVILLE MD
es that the death, "to please smoor carll pricial, cremation, or gen	y, or other traumotic try		Conditions, if ony, which gove rise to immediate couse Io), stoling the underlying couse Iost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, (c)	RESPIRATOR OR AS A CONSECUTION OR AS A CONSECUTION CONGESTIVE CONTRIBUTING TO	DENCE OF DENCE OF HEAD	ma Faitur	O TO THE TERM	INAL DISEASE OR CON	IDITION G	5or	aldays 6 weeks
the law required in the law required in the permit There is a second in the law read in the la	7	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES	IN CERT	ES, WERE FINI IFYING CAUS (ES	DINGS USED LES OF DEATH? NO
CLAN 1	9	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY L.M. MONTH I	DAY YEAR	21c HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)
Of Perry other this on the but	1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE	FARM, ETC)	211 LOCATE		CITY OR TO	OWN	COUNTY	STATE
ATTENDS noted or CTOR. At 3 for use of of Health	n. 21 is mid	^	220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	n 21 A	uaust 19	87.8		, 19 <u>87</u> (our) opinion o	to Aug leath occurred anythe c	157 late and ha		
	1		TEmothy D.	2 Sichols	S MD		עוין	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	8/2	21/87
O HOSPITAL normed by th O FUNERAL hoold be defi-			127d PHYSICIAN'S NAME TYPE	Nichols			6404 T	N. Cente		en Bur	nie, MI	21061
BP	-		BURIAL BURIAL	8/24	/87 I	OUDON	PARK C	crematory EMETERY	23d LOCATION CITY OF TOWN BALTIMORI	3	COUNTY	RYLAND
DHMH - 16 60M (VRA 15, 4)		24 FI	INERAL DIRECTOR LEROY 1630 EDMON			WITZKI SVILLE	E FUNE MD 212	RAII 25 HOM 28 AU	25 1987	256 REGIS	Jurden	Rudul

AUG 25 1997 d. L. CALLES

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

062667	AUG	13 87×	DE		EALTH AND MENTAL HYG	REG. NO	226	22
7 pec 1		NATAL	atalie MIDDLE 9	DAVIS	Davis	8	-10-8	7 11 PM
of the state of th	1.58	Female	1 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS	DATS HOURS MIN.
12 92	7e. 81	Poland	U.S.A.	MARRIE	DIVORCED [9 BALTIMORE CITY O	et CI	MD
19 11 90	16	set. at	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV	NE STREET ADORESS)	or other institution	12a USUAL OCCUPATION OF PROPERTY OF MOST OF RETURNS OF MOST OF	ON F WORKING LIFE	aftery
1000	17a 5	Md. Bal	13c, CITY C			13. STREET ADDRESS /	ZIP CODE ern Avenu	e 21224
11/130	2"	THER'S NAME	MIDDLE Posa	tek	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
Programme or medical		VAS DECEASED EVER IN U.S. AF (ES, NO OF UNKNOWN) (IF YES, GI	ME MAR OR DATES	-10-7402	William D.	Davis Sr. 7	928 St. Br	
on proper		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause per line far ia). ED BY. JE CAUSE (a)	espira	In An	rest.	- 65	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death co attending ave corb alver, ar		Canditians, if any, which	DUE TO, OR AS A CO	WEEDWENCE OF)			
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM	NSFOUENCE	e Deceb	witus UI	ars	
A de la production de l	TION	Dehyd of	ion, Mal	inutrit	ion, Alhei	mer's Q	o ,	
10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	RTIFICA	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO NO	YES 🗌	AUSES OF DEATH?
SK Jan.	ICAL CE	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MON'	TH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 8 PART LORP	ART 2)
other the or the tr	MEDI	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM ETC)	21f LOCATION STREET	CITY OR TO	WN COU	NTY STATE
ATTEND reported to CTOR, 4 CTOR, 4 If for one r, of Head		22a I certify that (I) (this hasp naw the deceased alive are	ntal attended the deceased	_19 <u>87</u> or	d that in (my) Cur aprinian	death accurred on the do		
A TAL ON THE TA TAL ON THE TAL DIRECTOR DESCRIPTION DESCRIPTION OF TALL ON THE		The state of the s	H MD		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	8·11·87
TO FUNE MADRIA DE		Richard	Bernellas	>	4940 E	astern A	re_	
BP		SPECIFY) Burial	8-13-87	,	ne Mausoleum	Woodlawn	Balto	o. Ad STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		hartes S.Zeile	r & Son Inc. "	6224 Easz	tern Ave. AU	3 1 2 1097	23 RESTRICTED LA	R. M. Kinganan

062667 AUG 1387

The same was at the

		•40	
		95 394 . 276	20,40 A,13
X		10 to 80	William .
distribution of the second			
2915 MARINE (CHOIR 21225	X	BALTHORE	With Cities
Li atria	DUST.	arvig arvig	el vilvan

219 76 3782 III. THE CHI VIL 2015 INDIC. OTHER.

Margana Mulli. . In . Yelly . . Inc.

LEGGE E. G. YAR 4517 FAIR HEADITS AVISOUR SISIS AUG O D 1887 L

063148 AUG 19187 STATE

STATE OF MARYLAND	STATE	OF	MARY	LAND
-------------------	-------	----	------	------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. N	2	2	6	2
	C OF A TIL				The second

1. SEX RACE S. DATE OF BIRTH B. AGE INVERSISATION OF COUNTY OF DEATH S. COUNTY OF	-REGISTRAR	42111	TOTAL OF DEATH.	REG. NO.	
3. SEX RACE SATE OF BIRTH SAME SATE OF BIRTH SAME SATE SATE OF BIRTH SAME SATE OF BIRTH SATE OF BI		^	LAST	20 DATE OF DEATH MONTH DA	
Second S	W:11s	am Ver	usoh	08 1	187 115
The BIRTHFLACE (STATE OF ORDER) IN CHIZEN OF WHAT COUNTRY? IN ARRIED SINEY MARRIED WARREND OF COUNTRY OF DEATH WORKENTON, GA. IN COUNTRY WARREND WARREND WORK OF THE RISTITUTION IN SUJULA RESIDENCE IF MUSENCHAM OR OF THE RISTITUTION (IN NOTIFIES MANKE LOSS OF THE PART OF THE PROPERTY OF THE PART OF T	3. SEX	1 RACE 1 S. DATE		6 AGE (IN YEARS (AST BIRTHDAY) IF	UNDER TYEAR IF UNDER
The BIRTHPLACE (SLATE OF CRIEGON OF ACTIVE NO FWHAT COUNTRY? WARRED X NEVER MARRED DOOR COUNTY OF DEATH WIDOWED DOOR COUNTY ON THE TORK OF DEATH WIDOWED DOOR COUNTY WIDOWED DOOR COUNTY WIDOWED DOOR COUNTY ON THE TORK OF DEATH WIDOWED DOOR COUNTY WIDOWED DOO			- 37 333	77	N1H5 DAYS HOURS
WARRENTON, GA. WARRENTON, GA.) 19		
WARRENTON, GA. WE WARRENTON, GA. WOOMED DOORGE DISCHARD NOT JUNE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cit & Cit	76 CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	FUEATH
BESUAL RESIDENCE IF NURSING HOME OR CHIEF ROSITUTION OF RESIDENCE IN SOCIAL RESIDENCE IF NURSING HOME OR CHIEF ROSITUTION OF RESIDENCE IS NUTTED IORN BESUAL RESIDENCE IF NURSING HOME OR CHIEF ROSITUTION OF RESIDENCE STORY AS STORY ASMISSION OF THE STAN AME IT FAITHER'S MAME IT FAITHER'S MAME COLUMBUS DAWSON IASI IS MOTHER'S MADEN NAME COLUMBUS DAWSON IASI IS MOTHER'S MADEN NAME IF YES, ONE WAR OR GATES) IF YES, ONE WAR OR GATES) IF YES, ONE WAR OR GATES) IF YES, ONE WAR OR CHIEF IN U.S. ARRED FORCES? YES WAS DECEASED EVER IN U.S. ARRED FORCES? YES WAS DECEASED OF WAR OR WAR OR GATES) IF YES, ONE WAR OR GATES) IF YES ONE WAS DECEASED BY IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line for rol, b. ond received one was per line	WARRENTON, GA.			Ballinone (1	IV
SINAL RESIDENCE (# PAURISMO FOW OR OTHER INSTITUTION COVER EDIMENSION) 185 SATE 185 COUNTY 187 STYLE 187 STYLE 187 STYLE 187 STREET ADDRESS. ZIP CODE 187 STREET ADDRESS. Z	10. CITY OR TOWN OF DEATH		OR OTHER INSTITUTION		ME KIND OF BUSINES
USUAL RESIDENCE IF NUISSAGE MONE OF OTHER INTUITION OF RESIDENCE PROPERTY 134 COUNTY 135 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 134 COUNTY 135 COUNTY 135 COUNTY 134 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 134	Bell mones			· ·	INDUSTRY
TEST NO NAME	E		0	ONTIED TORK	
18 FATHER'S MANE COLUMBUS DAW SOON 1851 1851 1851 1862 1865 186		17.17.			a ain.
The COLUMBUS DAWSON INSTITUTE		12911 more		7 / 1/	Ave MAI
The WAS DECEASED EVER IN U. S. ARMED FORCES? The WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE WAS DECEASED EVER IN U. S. ARMED FORCES? THE YES NOOR UNKNOWN (IF YES GIVE WAR OR DATES) THE CAUSE OF DEATH LENER only one couse per line for to (, (b), and ic.) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ion, stoling the underlying couse last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to MICENTEPY IN CAUSES OF DEATH OR CONTRIBUTING COUSE OF IN CERTIFY IN CAUSES OF DEATH OR CONTRIBUTING COUSE OF IN CERTIFY IN CAUSES OF DEATH OR CONTRIBUTING COUSE OF IN CONTRIBUTING COUSE OF DEATH OR CONTRIBUTION COUSE OF DEATH OR COUSE OF DEATH OR COUSE OF DEATH OR COUSE OF DEATH OR	The state of the s	MIDDLE LAST			LAST
THE COURTNING WHILE 19 TES ONE WAN ORDATES) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (10)	COLUMBUS DAW	SON	HA	ATTIE DAWSON	
B CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)	8 160 WAS DECEASED EVER IN U.S. AR.		17 INFORMANT	ADDRESS	
BECAUSE OF DEATH (Enter only one couse per line for rot, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OR OR STATE OF THE ORDER OF COUSE IOS. (c) DUE TO, OR AS A CONSEQUENCE OF OR OR STATE OF THE ORDER OF COUSE IOS. (c) DUE TO, OR AS A CONSEQUENCE OF OR	YES NO OR UNKNOWN) (IF YES, GIV	EWAR OR DATES) OFFIZIOLEOS	MARIE K DA	WSON 4502 PIMT	LICO RD.
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 4 DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF LOCAL TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE O	4		THADLE K. DA	THE TOUR TOUR	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 196 DATE OF GERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 2106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH OR DAM. MONTH DAY YEAR 197 POR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 226. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 226. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 227. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 228. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 229. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 220. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 221. LOCATION 222. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 222. I certify that (I) (this hospital) attended the deceased from Size 1.55. THE CITY OF TOWN COUNTY 223. THE COUNTY OF TWO SIZE				1	BETWEEN ONSET AND D
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. ACCIDENT WAS UNDERLYING AUSES OF DEATH HOUR A.M. MONTH DAY YEAR 197. TIG. ACCIDENT WAS UNDERLYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR 198. TIG. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE MEDICAL EXAMINER) 199. MAIL OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE MEDICAL EXAMINER) 220. I certify that (I) (this hospital) oftended the deceased from ALL OF THE SITE OF	0		-SOIReTORY	Fiftes!	
Conditions, if any, which gove rise to immediate couse itol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES OND IN CERTIFY YES OND	pg g	DUE TO OD AS A CONSCIOUSNICE OF	/		
DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED GIVEN GAMES CONTRIBUTED GAMES CO	Condition of any thick		1. Sepel	n'a	
COUSE 101, stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CI DI MONITO DIA 13 m.		(b) 1110CE1-01-1	16h164511	0,0	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION	couse (a), stating the		1 12.		
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YE	Underlying couse lost.	(a) Pulmonapy	En60/13m		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR [IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY [IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY [AT MORK NING NOT WHILE AT WORK NING NOT WHILE AT WORK NING NOT WHILE AT WORK NING NING NING NING NING NING NING NIN		ONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	NIN PART Ito
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCU	Sensis				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCU	A 196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCUR	\$ 9 LE				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCUR	S ACCIDENT WAS INDEBLYING	216 TIME OF INITIPY	121, HOW IN HIPY OCCUP		
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY [AT HOME STREET FACTORY. OFFICE FARM, ETC.] 27il. LOCATION STREET 27il. LOCATION STREET CITY OR TOWN COUNTY 51 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	CALISE OF DE	LIQUID A M. MONITH DAY YEAR		(ENTER NATURE OF INJURY IN TEM ID PAR	I I OR FAR(2)
220. I certify that (I) (this hospital) attended the deceased from 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes sto obove. (I) (we) (did) (did not view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	(IF EITHER NOTIFY MEDICAL EXAMINER				
228.1 certify that (I) (this hospital) attended the deceased from Birgers 14 198 , to Birgers 14 198 that (I) (we saw the deceased alive on Birgers 14 198 , and that in (my) (our) apinian death accurred on the date and hour and from the causes sto above, (I) (we) (did) (did not view the body after death. DEGREE ATTENDING MEDICAL STAFF	a 21d. INJURY OCCURRED			CITY OR TOWN	COUNTY STA
sow the decessed olive on A 1 2 1 1987, and that in (my) (our) opinion death occurred on the date and hour and from the couses sto obove, (i) (we) (did) (did not view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	WHILE NOT WHILE	AT HOME STREET PACTORY, OFFICE PARM, ETC.)	3.022		
sow the decessed olive on A 1 2 2 5 1 7 1987, and that in (my) (our) opinion death occurred on the date and hour and from the couses sto obove, (i) (we) (did) (did not view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	O 22-1 AT AT AT AT AT A AT A AT A AT A AT A	and the second of the second o	erct 14 10 87	Lucia 114 11	87 that 11 /m
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 8/15/8	tro. Certify that (i) (in a nespi			death assured to the date and have	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 8/15/5	obave, (1) (we) (did) (did no	t view the body after death.	and that in (my) (our) opinion	death occurred on the date and hour	and from the couses sto
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 8/15/5	17E SIGNATURE	1 / / /	DEGREE		220 DATE SIGNED
2N PHYSICIAN'S NAME (IVPE OR PRINT) 22e ADDRESS 27e ADDRESS	= //////////	2. Mode	ATTENDING	MEDICAL STAFF	8/15/8
THE OF TH	IN PHYSICIAN'S NAME (1995 C	P PRINTI] DIRECTOR [] THISICIAN	101.010
	E I I I I I I I I I I I I I I I I I I I		ADDIESS		
	Od .	<i>U</i>			
CIDY OR TOWN 51	(SPECIFY) BIIRTAL	8/19/87 GARRI	ISON FOREST	OWINGS MILL	, MD.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

TO HOSPITAL OR

BP.

(VRA 15, 4)

DYETT 4600 LIBERTY HEIGHTS LEROY O.

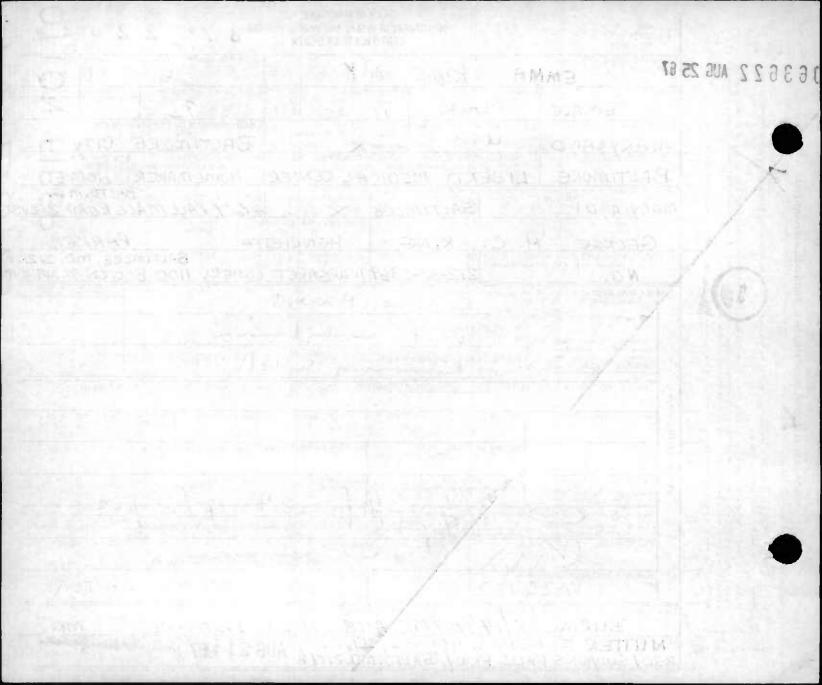
2501 GWYNNS FALLS PKWV. BALTO, MO. 21216

STATE OF MARYLAND

AUBURN CEMI

MO.

DHMH - 16 60M 7/84 (VRA 15, 4)



064546

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 4 5 4 6 St		FOR STATE DECT RAR			T OF HEALTH AND MI		REG. NO	2 6	2	5
	I DEC	EASED NAME FIRST	WIDDIE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR	16 HOUR
poge 3	,,,,,	Keith	S.		Day			8 27	1987	M
Ter o	3 SEX		4 RACE	5	DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	(HDAY) IF (INDER I YEAR	IF UNDER 24 HRS
Page 4		male	black		11 23	1956	30	YRS		
rol di 272 hou		OUNTRY) Md	U S A	٨	MARRIED NEVER MA	ARRIED X	Baltimorecity o		DEATH	MD.
harifed with	10 CI	Baltimore	17. NAME OF HOSPITA				12a USUAL OCCUPATION OF WORK FOR MOST O Disable	ON F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESSOR
filled hoyld be f	13a. S	LERESIDENCE (IF NURSING HOME OR TATE Md	OTHER INSTITUTION, GIVE RESID ITY 136 CLT Bal	ence before adm cor town timore	YES ()	40 🗆	13. STREET ADDRESS / 4104 Li	ZIP CODE	2120 leight:)7 s Ave
mpletely od 2 sl	14 FA	Theodore B	• Sm	ith	Dor"		A.		Merri	tt
Poges	16a V	AS DECEASED EVER IN U.S. AR	WAR OR DATES	CIAL SECURITY			ADDRE			
on ond on one on one one one one one one one o		ESNO UNKNOWN) (IF YES GIV	217-	66-4456	Sherr	y Byrd	2404 Wi	ncheste		
certificate being physician ramoval.		B CAUSE OF DEATH LEnter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Disseminated Cryptococcal Disease 2/15/87								
deoth ce		Conditions, if ony, which	DUE TO, OR AS A C	onsequenced Immur	of nodeficiency	Syndro	me		2/1	5/87
thot the		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A C	Onsequenc	E OF					
equires n signe Then p r to bur	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEA	TH BUT NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
on. hos bee permit ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPE	ERATION WAS PERFOR	MED	20a AUTOPSY?		VERE FINDIN	
CIAN: The physicic profit of the physicic of t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	I OR PART 2)	
G PHYSI ottending er this ce s the burn ond Mei	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUI		21f LOCATION	٧	CITY OR TO	wn	COUNTY	STATE
TENDIN ortol or for use o of Health		220.1 certify that (1) (12.2 Acres saw the deceased give or above His well bid id did no			2/15 , and that in (my) (a	, 19 <u>8/</u> our) apinian d	, to8/	,		hat (It (we) last causes stated
HOSPITAL OR ATTENDING PHYSICIA inted by the hospital or ottending pl FUNERAL DIRECTOR. After this certif yild be detoched for use os the burial-th h the State Dept of Health and Mental OORTANT: If them 21 is marked or frem		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR							1/28/87	
TO HOSPITAL TO FUNERAL should be deter with the Store IMPORTANT:		John W. Wa				of l	MD, 10 S.	Pine	St. M	ld 21201
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8/31/87		ne of cemetery or cr utus Memor	rial	23d. LOCATION CITY OF TOWN Arbutu		OUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		m. C. March F/h	West 4300	Wabasi	h Avenue	AUG		25) REGISTRA		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6 2 6 6 J AUG	1,3 87 REGISTRAR	D	EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	ENE 8 / REG. NO. 2	2627	
100	I DESEASED NAME FIRST	WIDDIE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR	
2 55 10	HEN	RY W.	DECATU	3	08	10 87 5'Wam	
8 827	A SEX	4. RACE	5 DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HE.	
8 90 5	Male	White	05 05	30 35 EAR	52 YRS	MONTHS DATS HOURS MIN	
THE DA	Maryland	76. CITIZEN OF WHAT CO	MARRIED	NEVER MARRIED	9 BALTIMORE CITY <u>OR</u> COUN		
4 51 5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OF		BALTIMORE CTT	126 KIND OF BUSINESS OR	
1 1644	BALTIMOKE	(IF NOT IN SUCH FACILITY, G UNION MEMOR			Rigger Handyma	SUFER INDUSTRY	
Affect in the state of the stat	SUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES 🗶 NO 🗌	13e STREET ADDRESS / ZIP CO 804 Wellingto	DDE	
1 100	TA FATHER'S NAME FROT	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	NE MIDDLE	LAST	
7 F (DO)	Noble		ur, Jr.	Amelia	К.	Geist	
de de	160 WAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES!		17 INFORMANT	ADDRESS		
1 2 1	No	213-	32-0676	Margaret Dec	atur 804 Wellir	agton St. 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
been signed by the district of the district of the please certain price to buriol, crement any aluny, or other tra	Conditions, if ony, which gave rise to immediate cause in, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO IC) T CONDITIONS CONTRIBUTI 196. CONDITION FOR	INSEQUENCE OF SELECTION OF THE PORT OF T	Leve Caydio	NAL DISEASE OR CONDITION C	GIVEN IN PART Ita	
25 201 60	E .				YES NO NO CER	TIFYING CAUSES OF DEATH? YES NO	
SICIAN TO SHANK TO SHANK THE SHANK T	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MON	TH DAY YEAR	71c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 21	
Office And Andread of	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		? IL LOCATION	CITY OR TOWN	COUNTY STATE	
STENDING OF CTOR A STENDING OF CTOR A STENDING OF THE CTOR A STENDIN	27a-1 certify that (1) this has saw thereeces alive above (1) we (did) (this	pital) attended the deceased	d from	that in (my (our) opinion d	eoth occurred on the date and h	aur and from the causes stated	
D D D N P D D D D D D D D D D D D D D D	276 SIGNATURE	776 SIGNATURE DEGREE					
A. A. A. A. A.		ossabe			MEDICAL STAFF DIRECTOR PHYSICIAN	8-10-87	
O FUNE hould be	JUSEPH RAD	UAZZO, M.D.		27e. ADDRESS UNION MEMORI	AL HOSPITAL		
25 -212	230 BURIAL, CREMATION, REMOVA	AL 236 DATE		METERY OR CREMATORY	236 LOCATION	COUNTY	
BP	Burial	8/15/87	Lakevier	w Memorial Pk	. Sykesville	Maryland	
	24 FUNERAL DIRECTOR						

		E OF M			
DEPARTMENT	OF	HEALTH	AND	MENTAL	HY GIENE/
				DEATH	

061905 AL	GI-7:87 REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH	GIENE/ 2 2	2 3
20	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be oth	(TYPE OR PRINT) Laraine	M.	Dennstaedt	8-	2-87 1945,
may poor	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female	White	2-15-1920 YEAR	67 YRS	MONTHS BATS HOURS MIN
Pool dir. Pool	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
de o de o		U.S.A.	WIDOWED DIVORCED		IND
s ofter nothing with	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION LET ADDRESS) LIAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Administrator	126 KIND OF BUSINESS OR INDUSTRY Ins. Co.
BALLIMOKE, MAXTLAND 2120 The executed within 24 hours The control on the file of the file The medical mane mastre of the medical mane mane mastre of the medical mane mane mane mane mane mane mane mane	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFT 13c. CITY OR TO Balto		13e STREET ADDRESS / ZIP CODE 611 W. 39th St.	
eky 2 sh	14 FATHER'S NAME	MIDDLE IAST	15. MOTHER'S MAIDEN NA	AME	
	William	E. Mather	Agnes	MIDDLE	Beatty
S C C C C C C C C C C C C C C C C C C C	160 WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES		ADDRESS	
be est	(YES, NO OR UNKNOWN) (IF YES, GI	216-09-	2538 Lauren Denn	staedt, Same as 1	
W. PRESTON SI., BA by sse kriefing kriefing offektybitoficevent. fl	PART I. DEATH WAS CAUS	nly one couse per line for 101, (b), IED BY: ITE CAUSE 10) Extens DUE TO, OR AS A CONSEO 1b) HI X S DUE TO, OR AS A CONSEO	LUENCE OF probable Sept	ral amboli.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that signed by hen please hobriol, kri	PART 2 OTHER SIGNIFICANT	(c) Pulmo	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
L KECOK no. hos been permit T permit T	190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
physicic physic physicic physicic physicic physicic physicic physicic physi		HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM B PA	ART : OR PART 7)
MISTON offending fer this ce is the buri	OR CONTRIBUTING CAUSE OF DE (# EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN spirol or CTOR: Af far use o of Health	220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did n	outal) ottended the deceosed from 19. 19. 19. 19. 19.	47-1	death accurred on the date and hour	ond from the couses stated
by the ho FRAL DIRE detoched stote Dept	278 SIGNATURE	Ugewite	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-2-87
TO HOSPITAL TO FUNERAL should be det with the Store	Peter	Uggowitz		rial Hospital	
5 5 5 € 3 ₹	23a BURIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Cremation	8-4-87	Westview	Balto. Md.	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Leonard J. Ruck	, Inc.,5305 Har		3-87	

			187-6
Help to X			
	10051=54=5	est tills	
			100
eintetamore : fun. do.s			
A to the second or of the		. mfe8	
		B. The Buckey	milli:
eds, fune on Le	afamon arrest 1 %	79-00-010	
	11 E 12		
			Service Control
Mary		K A PHARM	
The state of the s	ट प्रचेपक्ष. जन्मक	total tert, out .	Leonard J. Sign

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

063518 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENT		IENE 2 REG. NO	2 6	2 4	
24°	87 INT)	Marie	E. ^	Deppish	0-6	AST		SIRIS	MONTH DAY	YEAR	26 HOUR 8230am
3. SE	X	4, 1	RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTI	IDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	Female		White	e	NOV		AR	59	YRS	INS DATS	HOURS MIN.
h :	THPLACE (STATEORE DUNTRY) Maryland	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRI		Baltimore CITY OF			MD.
61	TY OR TOWN OF DEA ltimore Ci	1		OSPITAL, NURSING HEACILITY, GIVESTREET A DION MEMO		R OTHER INSTITUTION HOSPITAL	NO	HOUSEWITE		126 KIND OF	F BUSINESS OR
	AL RESIDENCE (IF MURS	ING HOME OR OTH 136 COUNTY Bal:		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Duncal k		13d. INSIDE CITY LIA		13e STREET ADDRESS / 3520 Durch		pac. 21	222
14 FA	THER'S NAME	MIDI	DIE	LAST		IS MOTHER'S MAIL	DEN NAM			LAST	
L	ercy	umani		Allen		Marie			Pf	effer	
	VAS DECEASED EVER	IN U.S. ARME		214-24-5		Russell	Cenn	ADDRES		Fosic!	21222
	Conditions, if ony, gove rise to imm couse to i, statin underlying couse	nediate ig the s lost	DUE TO, OF	R AS A CONSEQUE	NCE OF	Cell L		Carcinon INAL DISEASE OR COND		IN PART 1/0	
NO								THE BIOCHOC ON COME			
TIFICATI	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WIN CERTIFYING		
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUTIO	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	ORPART 21	
MEDS	21d INJURY OCCURE	OIE C	21e. PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION		CITY OR TOW	(N	COUNTY	STATE
	220 I certify that (I) saw the decease above, (I) (we) (c	ed alive on	8113	19.5	27. or		97 opinion d	death occurred on the do	te and hour on		hot (I (we) lost couses stated
	22b. SIGNATURE	anol	la			DEGREE ATTENI	DING CIAN [MEDICAL STAF		22¢ DATE S	18/87
	224. PHYSICIAN'S NA	resk	NT)			The Union	Mem	orial Hospi	tal		
122 C	LIRIAL CREMATION	DEALONAL !	3h DATE	22. 61	ALLE OF C	EMETERY OR CREM	TODA	234 LOCATION			

BP

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health MPORTANT: If Hem 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)
Purial

8/21/87 Oak Lawn Cemetery CITY OR TOWN

Baltimere: Maryland
1250 DATE REC'D. BY REGISTRAR 235. REGISTRAR'S SIGNATURE
ALIG. 2.1 1087

STATE

24 FUNERAL DIRECTOR Connelly Funeral Home of Dundalk

21222

294-3

Cardinal

742

After Spirit

061514

AUG -

MPORTANT: If Bern 21 is morked or Bern 18 shy

TO FUNERAL DIRECTOR, After this

BP.

DHMH - 16 60M 7/84 **
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 6	STATE PEGISTRAR		CERTIFICATI		8 / REG. NO		0 3 0
	CEASED NAME Anno	T.	DER	FNEZ		F/1/8	7 227 PM
3. SE	F	RACE LA	5. DATE OF BIRTI	6 09	6. AGE (IN YEARS LAST BIR)	YRS.	DAYS HOURS MIN.
1	MARYLAND	U.S.A.	MARRIED WIDOWED	DIVORCED .	BALTIM	DORE C	ITY MD.
B	ALTIMORES	RANCIS SCO	E = DMISSIONI	EK INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR WORK		KIND OF BUSINESS OR USTRY
m	ARYLAND IDE COUNTY	BALTII	MORE 13d. IN		13e STREET ADDRESS	STREE	DER ST.
Je	SEPH KROLI	Kowski	CA	THERINE	HUDA	K	(AST
1	OF INCHOMAN PY YES, GIVE W	PAR ON DATES). INL. SOCIAL SEC 27.03	19931 JE	ANETTE E	BOLEWSKI	7825W	LAYBROOK K
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I IMMEDIATE (BY. I am and a	11	st		BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate course (a), stating the	b) My o C	ardial	Infarcho	^		8hrs
1	PART 2. OTHER SIGNIFICANT CO	101	O DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN P	Saays.
CERTIFICATION	THE DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
	THE ACCEPT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH OF EITHER INCIDENT MEDICAL SEAMINGS.	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I OR P	PART 2}
MEDICAL	THE INJURY OCCURRED WITHE MOT WHAT AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		OCATION STREET	CHYORTO	wn cou	UNIY STATE
	220.1 certify that (1) (Dis haspital	811 19		ir (our) opinion d	eoth occurred on the de	ote and hour and fr	tho (1) (we) lost om the couses stated
	226 SIGNATURE Thistory	Mocken	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAI	FF _ C	PI/187
	228 PHYSICIAN'S NAME (TYPE OR P	rendere Ma	11.	ADDRESS 4940		a Ave	
E	EURIAL CREMATION, REMOVAL	8-4-1987 3	T. STANL	RY OR CREMATORY	BALTIN	ORE COUNT	MD STATE
R	NERAL DIRECTOR	CZOROWSK	3525 FLEETS	7 34 AUG	REC'D. BY REGISTRAR	256 REGISTRAR'S	En Rodales

061514 AUG -1. 87 O FILL STREET STREET STREET CHEST THE PROPERTY PROPERTY OF THE P THE STATE OF THE RESERVE OF THE STATE OF THE LEEDEN BERTHER TO THE STATE OF THERED SHOWS IN THE TRUE SHOWS AND ASSESSED.

07/84 25M

2 STATE OF MARYLAND 0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3

	STATE			DEPARTMENT OF HEALT DICAL EXAMINER'S	CERTIFICATE C	DEDEATH 2 2 6 3	
	PRESIDENTAL CEASED NA YPE OR PRINT)			WIODLE	LAST	20 DATE KNOWN & MONTH OF ESTI	DAY YEAR 26 HOUR
3 SE	· v	MICH 14. RACE	AEL JO	_	SIMONE		5-8719 A
			MONTH DAY	YEAR LAST BIRTHDAY! MO	UNDER 1 YR. IF UNDER	MIN. PRONOUNCED	3 7964
H. 0	fale BIRTHPLACE	White	Aug. 5,	1938 49 YRS.	77		5-8719 5:52I
FO	Marylar	nd.	U.S.A.	MAI	RRIED NEVER MARR	TED U	
	CITY OR TOW			PITAL, NURSING HOME, OR O		120 USUAL OCCUPATION (TYPE OF WORK	176. KIND OF BUSINESS
F	Baltimo	re	Sinai H	CILITY, GIVE STREET ADDRESS)		Self - employed	Real Estate
USU.	AL RESIDENC	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION)	Las mene are annue		near potate
	arylan		NIY	Baltimore	YES NO [13e SIREEI ADDRESS 1620 Bolton Street	t 21217
	FATHER'S NA/		MIDDLE	De Simone	Mary	C. Raim	ond i
16a.	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 YES, NO, OR UNKNOWN) (16 YES, GIVE WAR OR DATES)			166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
N	NO	-		214-36-9306	Mrs. Hell	le K. De Simone same	e as 13e
	18 CAUSE	OF DEATH (Enter o	nly one cause per line	far (a), (b), and (c).) Multiple injur			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	gove	ions, if any, which	(b)	AS A CONSEQUENCE OF			
	lying c	a) stating the <u>under</u> ause last.	(c)	AS A CONSEQUENCE OF			100
N		SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	NRT 1 /a	
CATIO	19a. DATE (OF OPERATION	196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
TIFICATION	19a. DATE (YES 🔯 NO 🗆
CAL CERTIFICATION	19a. DATE (21a EXTERI UNDERLYII CONTRIBU	DF OPERATION NAL CAUSE WAS NG MOR TING CAUSE OF	21b. TIME OF	F INJURY 21c	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR auto/fixed object	YES 🔯 NO 🗆
MEDICAL CERTIFICATION	210 EXTERI UNDERLYI CONTRIBU 21d. INJURY WHILE AT WORK	NAL CAUSE WAS NG MOR TING CAUSE OF	216 TIME OF HOUR A.M. 6PMp.M. 21e PLACE	FINJURY A. MONTH DAY YEAR (8-16-87) OF INJURY (AT HOME.	HOW INJURY OCCURRE iver of an	auto/fixed object W. of Ruxton Ave. Be	YES NO D
MEDICAL CERTIFICATION	AT WORK	NAL CAUSE WAS NG ØOR TING CAUSE OF OCCURRED NOT WHILE AT WORK	21b. TIME OF HOUR AM 6PMp, M 21e. PLACE (STREET, FACE (STREET, FACE)	FINJURY A. MONTH DAY YEAR BELL STREET A. MONTH DAY YEAR CATHOME. CATHOME. CATHOME. BELL STREET CATHOME. CAT	iver of an OCATION SIRE!	W. of Ruxton Ave. Ba	YES NO D
MEDICAL CERTIFICATION	AT WORK	NAL CAUSE WAS NG ØOR TING CAUSE OF OCCURRED NOT WHILE AT WORK	TIB. TIME OF HOUR AM 6PMP,M TIB. PLACE STREET, FACT STREET, FACT STREET ACT	FINJURY A. MONTH DAY YEAR BELL STREET A. MONTH DAY YEAR CATHOME. CATHOME. CATHOME. BELL STREET CATHOME. CAT	iver of an OCATION SIREET PLONA AVE.	W. of Ruxton Ave. Ba	YES NO D
MEDICAL CERTIFICATION	22a I ce death rese	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK	TIB. TIME OF HOUR AM 6PMP,M TIB. PLACE STREET, FACT STREET, FACT STREET ACT	FINJURY MONTH DAY YEAR 8-16-87 19 OF INJURY (ATHOME. 211. I BE icribed abave, held an Autoribed Autor	HOW INJURY OCCURRED IVER OF AN OCATION SIREET Ilona Ave. Oppsy X. Inspection Hamicide TITLE (SPECIFY)	w. of Ruxton Ave. Bain Inquiry ond in my opi	YES NO D
MEDICAL CERTIFICATION	AT WORK	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK rtify that I toak char	TIB. TIME OF HOUR AM 6PMP,M TIB. PLACE STREET, FACT STREET, FACT STREET ACT	FINJURY MONTH DAY YEAR 8-16-87 19 OF INJURY (ATHOME. 211. I BE icribed abave, held an Autoribed Autor	iver of an OCATION SIRET Ilona Ave. Oppsy X. Inspection Hamicide	w. of Ruxton Ave. Bain Inquiry ond in my opi	YES NO O
MEDICAL CERTIFICATION	22a I ce death rese	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK rtify that I took char lited from: Nati	71b. TIME OF HOUR A.M 6PMp.M 21e PLACE (STREET, FAC) 2ge of the remains des	FINJURY MONTH DAY YEAR 8-16-87 19 OF INJURY (ATHOME. 211. I BE icribed abave, held an Autoribed Autor	HOW INJURY OCCURRED IVER OF AN OCATION SIREET Ilona Ave. Oppsy X. Inspection Hamicide TITLE (SPECIFY)	w. of Ruxton Ave. Be Man . Inquiry . ond in my opi	YES NO O
230.8	AT WORK 220 ce death resu ACTUAL SIGNATUR EXAMINER (TYPE OR P	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK Intify that I took char white directions Nation S NAME RINT)	21b. TIME OF HOUR A.M 6PMp.M 21e. PLACE (STREET, FACE) 27e. ge of the remains desurol causes	FINJURY (8-16-87) (9-16-87) (9-16-87) (19-16-87)	HOW INJURY OCCURRED IVER OF AN OCATION STREET ITONA AVE. OPSY X Inspection AVE. ASSISTANT ADDRESS. OR CREMATORY	auto/fixed object W. of Ruxton Ave. Bandon Bandon Ave. Bandon Bandon Bandon Ave. Bandon	YES NO
2 730.E	AT WORK 220 I ce death resu ACTUAL SIGNATUR EXAMINER (TYPE OR P BURIAL, CREM (SPECEY) Temati	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK Intify that I took char wilted from: S NAME RINT) LATION, REMOVAL	21b. TIME OF HOUR A.M 6PMp.M 21e PLACE O STREET, FACE The street of the remains despurol causes	FINJURY (8-16-87) OF INJURY (AT HOME, 1211 I Be corribed abave, held an Autoribed abave, held an Autoribed A. Korell, M.D. 23c. NAME OF CEMETERY	HOW INJURY OCCURRED IVER OF AN OCCATION STREET ILONA AVE. Opsy [X], Inspection III (SPECIFY) ASSISTANT ADDRESS OR CREMATORY emetery	auto/fixed object W. of Ruxton Ave. Band In	YES NO
230.E C 24 F	AT WORK 220 I ce death rest ACTUAL SIGNATUR EXAMINER (TYPE OR P BURIAL, CREM (SPECKY) TYPE AT FUNERAL DIR	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK rtify that I took char ulted from: Nate E S NAME RINT) ATION, REMOVAL ON ECTOR	21b. TIME OF HOUR A.M 6PMp.M 21e PLACE OSTREET, FACE STREET, FACE OSTREET, FACE OSTREE	FINJURY (8-16-87) (9-16-87) (9-16-87) (19-16-87)	HOW INJURY OCCURRED IVER OF AN OCATION STREET 1 I Ona Ave. Oppy X Inspection Homicide TITLE (SPECIFY) ADDRESS OR CREMATORY TITLE (SPECIFY) TO THE SPECIFY ADDRESS OR CREMATORY TO THE SPECIFY TO THE SP	auto/fixed object W. of Ruxton Ave. Ba In	YES NO ON NO ON NO NO NO NO NO NO NO NO NO

				19 87
	WWW.	dosso	li de la companya de	
		1939 49	in	ole
			.A.8.B	mora jer
ded Impo Devolpto - 1feE				
Time wasten and Comment		exonlifes		bneign
d. Laisant	27.87	Do Bisone		10301
le L. de Sigone asme nu lje	161 .614	12-12	who sales allow street, string	40)
2 (44)				
R MIN				

Lucinard . . Juck, inc. salinare, envised

063147

AUG

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

npopers. Poges movol. physicion

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	2	-	-2	0)
REG.	NO.	0	U	da

1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	5 3 2
T DE	CEASED NAME FIRST	WIDDLE	L/	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	EORPRINT) WILL A	HEMINA C.	DEU	EY	8	16 80 14
3 SE		4 RACE	5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
F	'emale	White	Jun	e 15. 1900	87	MONTHS DAYS HOURS
7a BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY OR COL	
	Florida	U.S.A.	WIDOWE	NEVER MARRIED	BALTIMORE	CITY
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME O		12e. USUAL OCCUPATION	126 KIND OF BUSINESS
BA	ALTIMORE CITY	Liberty Med		Center	Cashier	Amusement
#SU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODS
6		timore Overl		YES X NO	7002 Belair	
14-FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		
	_	D. Taylo	r	Bertha	Estelle	Glover
160 V	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRESS	21206
1	(IF YES, GI	214-20	-5315	Robert T.	Dewey, 5909	Cedonia Ave.
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A SONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Ė	CONTRACTOR OF THE PERSON OF TH				YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2
MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
	220.1 certify that (I) (this haspital) attended the deceased from 19 19 1, and that in (my) (our) opinion death accurred on the date and hour on abave, (I) (we) (did) (did not) view the body after death.					
	226. SIGNATURE	A Hashu	i	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 8-16-8
	SHER AFZI	AL HASHMI)		1200	RERTY HETG.	HTS Ave 212
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Aug.19,1987	Park		23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE
²¹Ŕ 6	OBERTOC. ALT	ENBURG FUNERA Rd., Balto.,	L HOM	E, INC - 150 DAY 21214 AUG	18 1987	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. 100 to will be the first of the Mariney recognized the state of

현실 등로 전기 전기를 가는 하게 보고 있는 일을 보고 기계를 모르는 것이다.

89 9 FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R/	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	400	5
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26	HOUR
,,,,,	PE OR PRINT) BENJAMIN	(BEN)	DICKLER	AUG.	29, 1987	2 A _M
3 5		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	MALE	WHITE	DEC. DAY 1901	85	YRS MONTHS DATS	HOURS MIN.
7a E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH	
	COUNTRY) RUSSIA	USA	WIDOWEDXX DIVORCED	BALTIMOR	E CITY	MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	(ING LIFE) INDUSTRY	SUSINESS OR
	BALTIMORE	2905 FALLSTAFF		SALESMAN		MACHIN
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13e STREET ADDRESS / ZIP (#21209
	MARYLAND	BALTIMO		2905 FALLSTA		
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	IZAL	
	GNKNOWN	DICKL	ER EDITH		DICK	LER
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS	8415 BE	FLLONA
	No	215-10-	7857 MIICHELL	- DICKLER	(2120	YA (Y.
		nly one couse per line for (a), (b), or	ndicii ()	0	APPROXIMAL BETWEEN ONS	TE INTERVAL
П	PART I. DEATH WAS CAUSE	TE CAUSE (a)	(ardia C)	ment		
	The state of the s		maras N.	0 10 1	0	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF MYDRACE	ecco when	at	
	gove rise to immediate	(6)		1)		
	couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF V			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITION	NI GIVEN IN PART 1	
Z	TAKE I STEED ON THE STATE OF TH	CONTRACTO CONTRACTO	DEATH BOT NOT KEER LED TO THE TERM	MITAL DISEASE OR CONDITION	V GIVEN IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS	
I E		- CM 3		YES NOT	ERTIFYING CAUSES OF	P DEATH?
18	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
AE	NOT WHILE	(AT HOME STREET FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY	STATE
	-	tal) attended the deceased from	accy 10 6	3 10 august	10 27 tha	ot (I) (we) lost
	saw the deceased/aller of	allquit 2610	27, ord that in (my) (our) opinion	death occurred on the date one	- /	
	27% SIGNATURE WITH	t) view the body ofter death.	DEGREE		226 DATE SIC	GNED
	1/100	Mulina	ATTENDING	MEDICAL STAFF	1000	1-87
1	224 THYSIC AND NAME OUT O	per (met)	22¢ ADDRESS	PHYSICIAN [7 10	1-0/
	P. HERELA	1ERA	5400 DL	D COURT	Rd	
-	12/02 -11	100	3700	Jan 100 Maria		
230	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	DOKTAL	8-30-87 S	HAAREI TEILOH CONG	BALTIMORE		MD

INC.

21215

MD

BALTO. .

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL

6010 REISTERSTOWN RD.

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGUENE CERTIFICATE OF DEATH

2203

REG. NO 20 DATE OF DEATH DECEASED NAME ITYPE OF PRINCE KATHRUN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE DATE OF BIRTH 1 SEX April 27, 1925 62 White Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City USA DIVORCED West Virginia WIDOWED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH LIVE OF WORK FOR MOST OF WORKING LIFE INDUSTRY LIF NOT IN SUCH FACILITY, ONVE STREET ADDRESS MITMORE Own Home FRANCIS SCOTT Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21219 2404 Lodge Farm Road Baltimore Edgemere NO XX Maryland 15 MOTHER'S MAIDEN NAME LANFATHER'S NAME MIDDLE MIDDLE Knotts Violet Trenton William ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) ES NO OR UNKNOWN) Donald R. Diehl 2404 Lodge Farm Rd. 216-22-5875 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIOPULMONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED In AUTOP 9a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATUR 210. ACCIDENT WAS UNDERLYING **716 TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21L LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) MHLE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred on the date and have and from the causes stated saw the deceased alive an. abave, (1)-(we) (did) (did not) view the body after death. ATTENDING MEDICAL DIRECTOR PHYSICIA PHYSICIAN 22e ADDRESS IAN'S NAME LITYPE OF PINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY LISTRICIEY) Baltimore Maryland Holly Hill Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

should be

SECTION OF ATERNOT SECTIONS OF THE

CTATE OF MADVE AND

	FOR 1 - STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0/10	2
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 126 HOLIR
06245 AUG	(TYPE OR PRINT)	GARET E.	DIEHL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1987 2:47 _M
O O Z T J SEE HOU	3. SEX+	4 RACE	5. DATE OF BIRTH	AUGUST 10TH,	1987 2:4/M
ge 4 m ector.	FEMALE	WHITE	Nov. 16, 1916	70 YRS	MONTHS DAYS HOURS MIN.
orh. Po	70 BIRTHPLACE (STATE OR FOREIGN)Balto., Md.	76. CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED WIDOWED	9. BALTIMORE CITY OR COUNTY	
or de fun	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	BALTIMORE 120 USUAL OCCUPATION	CITY MD 17b. KIND OF BUSINESS OR INDUSTRY RESTRAN
by the filed of	BALTIMORE	THE JOHNS HO	PKINS HOSPITAL	Homemaker &	
MARYLAND 21201 ed within 24 hours ond 2 should be file exon the small be ho	USUAL RESIDENCE (IF NURSING HOME C 130. STATE 136 COL		OWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 527 No. Rose	21205.
YLAI thin tely f	14 FATHER'S NAME	1 Dacce	15. MOTHER'S MAIDEN N	AME NO NO NO SE	Street-
MAR mplet	Fred	Bucht	a Regina	WIDDLE	Bentz
+ 0- 4-	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE			lto.,Md.21224
be executed by the property of	(YES NO OR UNKNOWN) (IF YES, G	217-20	6-0052 Mrs. Regi	na M. Hagort-	3/128 M+ Place
d o	18. CAUSE OF DEATH (Enter of			sant An	P APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		inly one cause per line for (a), (b), ED BY: ATE CAUSE (o) Cav	rac arrest	04,77	2 mins
N D D D D D D D D D D D D D D D D D D D	IMMEON	THE CAUSE (U)			
500 E ()	Conditions, if any, which	DUE TO, OR AS A COMSEC	espiancest		Inouth
E WIN	gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEC	1		
***	underlying couse lost.	(c)	Sepsis		7/1
2		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART I (a
第八 東京寺寺	No Ber	donitis a	ad perforated		cer
	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW INTURY OCCUP	YES NOW YE	S NO
A NATIONAL PROPERTY OF THE PARTY OF THE PART	OR CONTRIBUTION CALLS OF D	HOUR A.M. MONTH	DAY YEAR	CKED (ENTER NATURE OF INJURY IN TIEM IR	PART GR PART 2
NO SE SES /	(IF EITHER NOTIFY MEDICAL EXAMIN 114 IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
VISA Property of the state of t	WHILE NOT WHILE I	(AT HOME, STREET, FACTORY, OFFIC	E FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
A STATE OF THE PARTY OF THE PAR		pital) attended the deceased from	h/13 199	10 8/10	19 8 7, that (I) (we) last
TIEN Pirot for w	saw the deceased alive a	n 8 9 19	, and that in (my) (aur) apinion	death accurred an the date and have	
Mark September 198	27s. SIGNATURE	or view in goody oner deam.	DEGREE		221 DATE SIGNED
A to the state of	1/2	95	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10
HOSPIT Bined by Sylder Collection	12d. PHYSICIAN'S NAME TYPE	Stand.	Do Lins H	opkine Bald	inor Mp
5 5 5 3 3 —	230 BURIAL, CREMATION, REMOVA	The state of the s	NAME OF CEMETERY OR CREMATORY	23d LOCATION	10
ВР	(SPECIFY) Burial	Aug. 13 108	7-Cadan Will Ce	Ketery-Glen Bu	urnie. Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR John	A. Moran, Ir	c. Funeral Home	TE REC D BY REGISTRAR 256 REGIST	IRAR'S SIGNATURE
(VRA 15, 4)	3000 E. Baltin	nore St. Ralt	0 Md 21221 A	110 1 1 1987 Gun	(RUICON-VOID

ctor, page 3

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	G. NO.	2 2	4	>
DATE OF DEA	HINOM HI	DAY	YEAR	26

14		FIRST	M	IDDIE		LAST	20. DATE C	F DEATH	HINOM	DAY YEAR	26
	ECEASED NAME PE OR PRINT)						100		0.0	- 142	100
0.00		LEAN		<u> </u>		IGGS	4 405	8	3 24	87	
3. SE			4. RACE		MON	OF BIRTH TH DAY YEAR	AGE IN	YEARS LAST BIRTH	HDAY)	MONTHS DAY	_
	FEMALE		BLACE		2	26 1900		7	YRS		
	BIRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF V	VHAT COU	MARR	ED NEVER MARRIED	BALTIM	ORE CITY OF	COUNT	Y OF DEATH	
	ARYLAND		US			VEDXX DIVORCED		CITY			
10. C	CITY OR TOWN OF DEA	TH	(IF NOT IN SUCH	IOSPITAL, N 1 FACILITY, GIV	VURSING HOME (E STREET ADDRESS)	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF		12b KIND IFE) INDUSTR	
	ALTIMORE		3800		BELVEDE		RET	IRED	W.C		4.5
USU 13a.	JAL RESIDENCE (IF NURSI	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE		1) 13d. INSIDE CITY LIMITS	? 13e STREET	ADDRESS		21	71
- British British	ARYLAND			BALI	TIMORE	YES X NO		O W.	BELL	EDERE	AV
14; F.	ATHER'S NAME	N	AIDDLE	LA	ST	15. MOTHER'S MAIDEN	NAME	MIDDLE			AST
1	NATHE	N	W(OODYA	ARD	ANNA		MAE	100	CC	OK
	WAS DECEASED EVER I		WED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRES	SS		
	NO					CHART					
	18 CAUSE OF DEATH PART I. DEATH W			line for (o),	(b), and (c).			1		BETWEE	NONSET A
			DUE TO OR	AS A CON	SEQUENCE OF						
	Conditions, if ony,	which	DUE TO, OR	AS A CON	SEQUENCE OF	- casu	nme	AC	lan	e.	
	Conditions, if ony,	nediote	(b) /	Mela	affale	casu	neme	Ala	lem	e,	
		nediote g the	(b) /	Mela	SEQUENCE OF	Anemia	nme	Ala	lenu	4,	
	gove rise to imm couse (0), stating underlying couse	nediote g the lost.	DUE TO, OR	Me 70	aflate isequence of cult	Anemis TNOT RELATED TO THE TE	nme	AC.	lenu	VEN IN PART	lio:
NOI	gove rise to imm couse (0), stating underlying couse	nediote g the lost.	DUE TO, OR	Me 70	aflate isequence of cult	Anemie IT NOT RELATED TO THE TE	nems	ACC	DITION GIV	VEN IN PART	lio:
CATION	gove rise to imm couse (0), stating underlying couse	nediate g the lost.	DUE TO, OR (c) ONDITIONS CO	Me 70	ASCALLA SEQUENCE OF	Anemia I NOT RELATED TO THE TE	ZOR AUT	0.00	20b. IF YE	S, WERE FINE	INGS US
TIFICATION	gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN	nediate g the lost.	DUE TO, OR (c) ONDITIONS CO	Me 70	ASCALLA SEQUENCE OF			0.00	20b. 1F YE		INGS US
CERTIFICATION	gove rise to imm couse (O), stohing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	nediote g the lost. HIFICANT C	DUE TO, OR (c) ONDITIONS CO 196 CONDIT	AS A CONTRIBUTION FOR V	ASEQUENCE OF	ON WAS PERFORMED	200 AUT	OPSY?	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSI	INGS US ES OF DE NO
/	PART 2. OTHER SIGN	nediote g the lost. NIFICANT C	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.A.	TION FOR V	ASEQUENCE OF	ON WAS PERFORMED	200 AUT	OPSY?	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSI	INGS US ES OF DE NO
/	gove rise to imm couse (0), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CON	nediote g the lost. NIFICANT C TION DERLYING LAUSE OF DEA AL EXAMINER)	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 196 CONDIT 197 HOUR A.A. 216 PLACE C	AS A CONTRIBUTION FOR V	ASEQUENCE OF LOS TO DEATH BUT WHICH OPERATION OF THE DAY YEAR 19	ON WAS PERFORMED 211. HOW INJURY OCC	200 AUT	OPSY? NO ATURE OF INJURY	20b. IF YE IN CERTH YE Y IN ITEM 18, I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2	INGS US ES OF DE NO
MEDICAL CERTIFICATION	gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING CIFEITHER, NOTIFY MEDICA 21d. INJURY OCCURR	NIFICANT C	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 196 CONDIT 197 HOUR A.A. 216 PLACE C	AS A CONTRIBUTION FOR V	ASEQUENCE OF	ON WAS PERFORMED 21t. HOW INJURY OCC	200 AUT	OPSY?	20b. IF YE IN CERTH YE Y IN ITEM 18, I	S, WERE FIND FYING CAUSI	INGS US ES OF DE NO
/	gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETIMER, NOTHEY MEDICA 21d. INJURY OCCURR WHILE NOTHEY MEDICA WHILE NOTHEY MEDICA	nediote g the lost. NIFICANT C TON SERRYING AUSE OF DEA ALEXAMINER) RED HILE	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216. TIME OF HOUR A.A. 216. PLACE O (AT HOME, STRE	AS A CON TION FOR V INJURY A. MONTA A. MONTA FINJURY FINJURY	ASEQUENCE OF AG TO DEATH BL WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	ON WAS PERFORMED 211. HOW INJURY OCC	200 AUT	OPSY? NO ATURE OF INJURY	20b. IF YE IN CERTH YE Y IN ITEM 18, I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2	INGS US ES OF DE NO
/	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING COURT OF COUR	TION PERTYING ALLES ALL	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.N P.N 21e PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE, FARM, ETC.)	ON WAS PERFORMED 211. HOW INJURY OCC	200 AUT YES URRED (ENTER N	OPSY? NO ATURE OF INJURY CITY OR TOWN	20b. IF YE IN CERTH YE Y IN ITEM 18, I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2	DINGS USES OF DE
/	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETINER, NOTHY MEDICA 21d. INJURY OCCURR WHILE NOT WHAT WORK 22a. I certify that (1)	TION PERTYING ALLES ALL	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.N P.N 21e PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE, FARM, ETC.)	211. LOCATION STREET	200 AUT YES URRED (ENTER N	OPSY? NO ATURE OF INJURY CITY OR TOWN	20b. IF YE IN CERTH YE Y IN ITEM 18, I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2 COUNTY	DINGS USES OF DE
/	gove rise to imm couse (0), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA TWORK NOTIFY MEDICA TWORK NOTIFY MEDICA TWORK NOTIFY MEDICA Sow the deceose obove. (1) (we) (d)	TION PERTYING ALLES ALL	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b, TIME OF HOUR A.N P.N 21e PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE, FARM, ETC.)	211. HOW INJURY OCC 211. LOCATION STREET 219 ond that in (my) (our) opini	200 AUT YES URRED (ENTER N 10 ion deoth occurr	OPSY? NO ATURE OF INJURY CITY OR TOWN ed on the do	20b. IF YE IN CERTIL YE IN ITEM 18. I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2 COUNTY	DINGS USES OF DE NO
/	gove rise to imm couse (0), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA TWORK NOTIFY MEDICA TWORK NOTIFY MEDICA TWORK NOTIFY MEDICA Sow the deceose obove. (1) (we) (d)	nediate g the lost. ION WIFICANT C TION AUSE OF DEA AL EXAMINER) WED tilk (his hospit	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216. TIME OF HOUR A.N P.N 216. PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE, FARM, ETC.)	211. LOCATION STREET 219. LOCATION STREET Dend that in (my) (our) opini DEGREE ATTENDING	200 AUT YES URRED (ENTER N 10 On deoth occurr	OPSY? NO ATURE OF INJURY CITY OR TOWN ed on the do	20b. IF YE IN CERTIL YE IN ITEM 18. I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2 COUNTY	DINGS USES OF DE NO
/	gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING COURT OF COUR	nediate g the lost. ION WIFICANT C TION AUSE OF DEA AL EXAMINER) WED tilk (his hospit	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216. TIME OF HOUR A.N P.N 216. PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATI TH DAY YEAR 19 OFFICE, FARM, ETC.)	21t. HOW INJURY OCC 21t. LOCATION STREET and that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	200 AUT YES URRED (ENTER N 10 ion deoth occurr	OPSY? NO ATURE OF INJURY CITY OR TOWN ed on the do	20b. IF YE IN CERTIL YE IN ITEM 18. I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2 COUNTY	DINGS USES OF DE NO
WEDICAL	gove rise to imm couse (0), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING CIPETITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE AT WORLD 22a.1 certify that (1) sow the decease obove. (1) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA BURIAL, CREMATION F	MEGIOTE OF THE PROPERTY IN COMMERCY IN COM	DUE TO, OR (c) ONDITIONS CO 196 CONDIT 216. TIME OF HOUR A.N P.N 216. PLACE C (AT HOME, STRE	A AS A CON NTRIBUTIN TION FOR V INJURY A. MONT A. MO	ASEQUENCE OF AG TO DEATH BL WHICH OPERATION THE DAY YEAR 19 OFFICE, FARM, ETC.)	21t. HOW INJURY OCC 21t. LOCATION STREET and that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	200 AUT YES URRED (ENTER N 10	OPSY? NO ATURE OF INJURY CITY OR TOWN ed on the do	20b. IF YE IN CERTIL YE IN ITEM 18. I	S, WERE FIND FYING CAUSI ES PART 1 OR PART 2 COUNTY 19 22c. DAI	oings uses of DE NO
WEDICAL	gove rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT WAS UNDION AT WORK COURT WORK COU	MEGIOTE OF THE PROPERTY IN COMMERCY IN COM	DUE TO, OR (c) ONDITIONS CO 19b CONDIT 19b CONDIT	AS A CON INTRIBUTION TION FOR V INJURY A. MONT A. MONT A. MONT DE INJURY Deceased Street deoth.	ASEQUENCE OF AG TO DEATH BU WHICH OPERATION THE DAY YEAR 19 OFFICE, FARM, ETC.) From 19 23c. NAME OF	211. HOW INJURY OCC 211. LOCATION STREET 214. HOW INJURY OCC 216. HOW	200 AUT YES URRED (ENTER N 10 ion deoth occurr DIRECTO	OPSY? NO ATURE OF INJURY CITY OR TOWN STAFI ATION DRIOWN	20b. IF YE IN CERTIL YE IN CERTIL YE IN ITEM 18, I	S, WERE FIND FYING CAUSI FYING CAUSI SS COUNTY 19 22t. DAI COUNTY	oings uses of DE NO
MEDICAL	gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT WAS UNDIONED COURT OF	MEGIOTE OF THE PROPERTY IN COMMERCY IN COM	DUE TO, OR ONDITIONS CO 196 CONDITIONS 216. TIME OF HOUR A.A. P.A. 216. PLACE (AT HOME, STRE OI) ottended the (View the Body of 236. DATE 8-28-	AS A CON INTRIBUTION FOR V FINJURY A. MONT A. MONT A. FINJURY PET, FACTORY, PETERS ACTORY, PETERS ACTORY PET	OFFICE, FARM, ETC.) 23c. NAME OF ELSWO	211. HOW INJURY OCC 211. LOCATION STREET 212. ATTENDING PHYSICIAN 270. ADDRESS CEMETERY OR CREMATOR RTH CEMT	200 AUT YES URRED (ENTER N 10 ion deoth occurr DIRECTO	OPSY? NO ATURE OF INJURY CITY OR TOWN STAFI ATION ATION STMIN	29b. IF YE IN CERTII YE IN CERTIFI I	S, WERE FIND FYING CAUSE S PART 1 OR PART 2 COUNTY 19 2 27 and from th 22c. DAI COUNTY	that (I)

BP.

retained by the hospital or

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbot with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rei

063787 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

22637

2	3 8	7 STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME SAIM	6 E.	Digo	ast S	13	20. DATE OF DEATH	MONTH DAY	7 87	3 0 M
	1. SE	FEMALE CHAIR DEVOICE	13/20/C	S. MATECO		EAR Z	6. AGE (IN YEARS LAST BIR	YRS_	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		COUNTRY C	USA	MARRIE	D NEVER MARR	IED !_	Baltin	ore o	city	MD.
4	B	altimore	Donsecou	STREET ADDRESS)	SO Hal	ION	120. USUAL OCCUPATION WORK FOR MOST OF		126 KIND C INDUSTRY	OF BUSINESS OR
5	13a.S	AL RESIDENCE (IF NURSING HOME OR STATE			134 INSIDE CITY LI YES 🔯 NO		2868 L	ZIP CODE V. Ca,	nval	1216 le St
0	1	lande	Day	157 . U	15. MOTHER'S MAI	W)	MIDDLE		LAS	șī.
		VAS DECEASED EVER IN U.S. AR VEL NO DEVAKNOWN) 19 YES ON	MED FORCEST 166. SOCIA	18-38-38	Kaye	E. N	1. iler 2	868 6	W. La	invale:
	VIION	Conditions, if any, which gave rise to immediate course 10. storing the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION		SEQUENCE OF A	NOT RELATED TO T	L Fre				
1	CERTIFICATION		196. CONDITION FOR	WHICH OPERATIO			200 AUTOPSY? YES NO	YES	NG CAUSES	OF DEATH?
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	HOUR A.M. MONT P.M. 2 TE PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUST		COUNTY	STATE
		77E SIGNATURE	61.0	19 67 , or	nd that in (my) (our) DEGREE ATTEN	IDING	eath occurred on the do	F	127E DATE	
		22d. PHYSICIÁN'S NAME (TYPE O		NOG.	22e. ADDRESS Ben	ICIAN 2	DIRECTOR PHYSIC	16.00	nt.	
7		BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	23b. DATE 8/21/87		EMETERY OR CREM		Landsdown		COUNTY	MD
		uneral director m. c. March F/H	4.0	Wabash Av		250 AOE		251 REGISTRA	R'S SIGNAT	ORE .

DHMH - 16 60M 7/84 (VRA 15, 4)

AUS 2-1 BBF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7	12	13		- 1	34
1	60	1	O	3	0
REG. NO.	-6530	5 5 5-	1		

£Ψ		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	11mg	A. GENEV	A	DIXON	Augu	ST 23 1987 9 20 pm
	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	1	FEMALE	BL	8 18 35	52	YRS MONTHS DATS HOURS MIN.
7	a. Bli	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY OF DEATH
1	So	CAROLINA	U.S. A	WIDOWED DIVORCED	_ / / ~ / / · ·	mre City MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
7	,	Batto.	Bon Secon	v HOSP	Teacher	Balto City School
6	130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	/ ZIP CODE
0	1	mo -	Batto.	YES NO	4101 K	athland Aus 21207
20%	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	1ACT
U	6	Lucius	Felder	Corine	MIDDLE	mack
			MED FORCES? 16b. SOCIAL SECU	URITY NO. 17 INFORMANT	. ADDRI	SS
	(1	VES. NOOR UNKNOWN) (IF YES, GIV	247-48	2-4963 William	E. DIXON	4101 Kathland Ave
		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
m	1.0	PART I. DEATH WAS CAUSE	TE CAUSE (0) BREAST	- CARCINOMA	WITH ME	TASTASUS
			DUE TO, OR AS A CONSEQU	IENCE OF		
		Conditions, if ony, which	(b)	LINEE OF		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		
	1	underlying couse lost.	(c)			
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
	ATION					
4		190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	CERTIFIC				YES NO	YES NO
n.	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE PROPERTY OF	AY YEAR 21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	RY IN (TEM 18 PART 1 OR PART 2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
1	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f LOCATION STREET	CITY OF TO	OWN COUNTY STATE
	*	AT WORK AT WORK				
			tol) ottended the deceosed from_	8/2/ 198	7 . to 8/	2.3 , 19.8.7 , that ++ (we) lost
		sow the deceosed olive on obove, (H)(we) (did) (did no	t) view the body ofter death.	8.7., and that in (my) (our) opinion	on death occurred on the d	ote and hour and from the causes stated
		276. SIGNATURE		DEGREE		22c DATE SIGNED
		18miller	. 2	ATTENDING PHYSICIAN		
i i		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
		THOMAS S	5. MILLER 11	MO BON SEC	ours H	OSPITAL
	23o B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 234 LOCATION	ZOWE STATE
		Burial	8-27-87 0	Irbutus MEY PX	Arbuta	5 MD
4	24 FL	INERAL DIRECTOR	ADDRESS	25 ₄ D	ATE REC'D BY REGISTRAR	B) RECONTRACES SIGNATURES
		Man (MARCI	11/FST 4-507)	10 Mrs 62	(2 2 1 1000 A	and continue all and

DHMH - 16 60M 7/B (VRA 15, 4)

to FUNERAL DIRECTOR, Are should be detached for use as with the State Dept. of Health

WPORTANT, If Nem 21 is marked or Nem 18 sh

T'S OUA

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ANHYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN The law regular Model to executed within 24 hours after design in may be interested by the hospital or afterding physician TO FUNERAL DIRECTOR. After this certificate has been upon the highest processed within 24 hours after the design in may be interested to use on the buriel training permit. The highest regions again suggest 25-31 and 8 though the further death with the State Dept. of Health and Mental Hygiene processed buriel, windstands or minoral and additional processes of the model of the fill those any makes or other foundations or minoral and additional processes.	1 DE	CEASED NAME FIRST	MIDDLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
	1	MARI		DODKIN	08-22-81 60 PM	
	1.58		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
	7a B	IRTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUNTRY	08 30 62	PALTIMORE CITY OR COUNTY OF DEATH	
	1	Baltimore	US	MARRIED NEVER MARRIED X	Qaltinon City	
	10. C	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	17 USUAL DCCUPATION PRINCIPLESS OR	
	B	Baltinole City Levindale NSa Hone				
	USU Illu	AL RESIDENCE (IF NURSING HOM) C	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
	100	MA	Baltin	15 MOTHER'S MAIDEN NO	13899 SINCLAIR / ANC 212/3	
	1	WILLIAM	DOBKIN		TURKOFF	
		WAS DECEASED EVER IN U.S. A			W. ADDRESS	
		NO HUKNOMN) (IR AEZ C.	(VE WAR OR DATES) 2/2-18-	48457 RALPH KATZ	2922 STRATHMORE AVE. (21209)	
		18 CAUSE OF DEATH (Enter o	inly one couse per line far (o), (b),	and (ci.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DE ATH WAS CAUS	TE CAUSE (a)	rowardy Emb	ohism	
			DUE TO, OR AS A CONSEO	UENCE OF	030.6	
		Canditions, if any, which gave rise to immediate	(16) CERE	BRO- VASCULAR	ACCIDENT	
		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0				
	NO.					
	Z.	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
	18	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW IN HIRY OCCUM	YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	N N	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	TENTER NATURE OF INJURY IN HEM TO PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
	2	NOT WHILE AL WORK	(AT HOME STREET FACTORY, OFFICE	E, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE	
		220.1 certify that (I) (this hasp	oital) ottended the deceased from	10-7 19 8	1. to 9. 22- 1927, that (II (we) last	
		saw the deceased alive at abave, (1) (we) (did) (did n	n	, and that in (my) (aur) apinion	n death accurred an the date and have and from the causes stated	
		22b. SIGNATURE	F. Chr.	DEGREE ATTENDING	221 DATE SIGNED	
	+	224. PHYSICIAN'S NAME (TYPE	CR PRINT)		MEDICAL STAFF 8.23.77	
		5£7	HEWAR	220 ADDRESS Levi, Raltimor		
5 5 5 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP		SPBURIAL		ETH TFILOH CEM.	WOODLAWN BALTO MD	
DHMH - 16 60M 7/84	24 F	6010 REISTERSTOWN RD. BALTO., MD. (21215)				
(VRA 15, 4)		6010 REISTERSTO	OWN RD. BALTO.	MD. (21215) AU	8 8 1881 Ame Brosson Grands	

40

24 FUNERAL DIREC

DHMH - 16 60M 7/84 (VRA 15, 4)

063056 AUG

Phene STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22640

FLOUDERT TEAR

CTATION DATE

INDUSTRY

286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO IT

____, that (I) (we) last

22c DATE SIGNED

STATE

YES []

08

26 HOUR

12k KIND OF BUSINESS OR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

2641 2

bļ.		BE STRAK					- 4	REG. N				
1		OR PRINT) DONV		larcel	0	105 O. 1		2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOU	IR A.
ł	3. SE)		4. RACE	TOOLCOT	S. DATE O	OF BIRTH		6 AGE (IN YEARS LAST BIR	THOAY)	IF UNOER 1 YEAR	IF UNDER	24 HRS
1		0	B		MONT	1 Lf	877		YRS	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER A	AARRIED 🛣	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
4	1	TY OR TOWN OF DEATH	02	+	WIDOWI		ORCED	Baltima	re Ci	4		MD.
3	B	altimore/	U. of	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INST	ITUTION	170 USUAL OCCUPATI		12b. KIND (INDUSTRY		SS OR
4	13a. S	AL RESIDENCE LIF HURSING HOME OF	or other institution INTY	13c. CITY OR TOW	VN .	13d. INSIDE C	NO 🗌	3 III Games		E LV0 # J	rg ,	3716
9	0	VICTOR	WIOOFE	(Mc Lou	red)	15 MOTHER'S	S MAIDEN NAI	MĒ MIDDLE		O _c)(5ey	
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	Fischy	1	U. of	nd h	Hospita		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per ED BY: ATE CAUSE (a)	line far (a), (b), an	ازدر	Ane	15			2	ONSET AND	DEATH
ı		Cardway 9	DUE TO, O	RAS A CONSEQUE	ENCE OF	Fal	erord	tic		24	bis	
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.		R AS A CONSEQUI	ENCE OF	7 -11	VOTO	1)(3			_17_7	
	NOI	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DE ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	a ·	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	~ I	WAS PERFO	1	20a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []		H?
	COLUMN TO STATE OF THE STATE OF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.					RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR PART 2)		
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			2H LOCATIO	N	CITY OR TO	wn	COUNTY	5	TATE
		220.1 certify that (1) (this has	· 81	21 19	87,0	nd that in (my)	_, 19 (our) opinian (to 8 death accurred on the do	-		that (I) (v	
		72h SIGNATURE	The	7 000			TTENDING _	MEDICAL STAI		22c. DATE	SIGNED LI/8	7
		224 PHYSICIAN'S PAME CHIPE	Schalo	nd		22e ADDRES	of 1	Mary lan	dt	topita	1	
	23a. B	surial, cremation, remova specify] Burial	236. DATE 8/25/			EMETERY OR C		Anne Ar	unde	COUNTY	51 N	ID"
1	_	JNERAL DIRECTOR	,,	150				REC'D. BY REGISTRAR				U

DHMH - 16 60M 7/M

MPORTANT. If them 21 is marked or them 18 shibers only

(VRA 15, 4)

TO FUNERAL DIRECTOR After this should be detected for use or the but with the State Dept. of Health and M.

Wm. C. March F/H West 4300 Wabash Avenue

63464

completely filled in by the funeral director, page 3 strong 2 should be filed within 72 haurs ofter death

attending physician and c at an, or removal.

death certificate be executed within 24 hours ofter death. Page 4 may be

	FOR
-	STATE
07	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HYGIENE CERTIFICATE OF DEATH

2	2	0	4	4
2	2	6	4	2
RE	G. NO.			-

2118	27	REGISTRAR		CEKITI	ICAIE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	MIDDLE	n	AST 9	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
-		Detty	0,	Vow		-	8-15-6		6 A
3	. SEX		1 RACE	S. DATE O		6 AGE (IN YEARS LAST BI	MONTHS	DAYS	HOURS A
		7	Black	6	-10-45	42	YRS.		
7		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	M NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF D	EATH	
5	1	DUNIRY)	USA MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltin	roze (17	4	
1/1	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C		120 USUAL OCCUPAT		KIND O	F BUSINESS
1	1	allimore	won jeco						
	130. S	TATE	NTY 13c CITY OR	BEFORE ADMISSION) TOWN	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	HP CODE	+A	e 2/2
Ī	4 FA	THER'S NAME			15 MOTHER'S MAIDEN NA	WE	4		
300		Kay	MIDDLE WATTE	(1)	Inez.	MIDDLE	robarts.	IAS1	
1	60 V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT)	ADDR	ESS		
/	(4	. /	VE WAR OR DATES) 2/2-4	4-0415	Char				
	_	No		, , , , ,	Chai			APPRAYI	WAY INVESTIGATION
		DADT I DE ATU MAZA C CALIC	nly ane cause per line for (o), (b ED BY: (TE CAUSE (a) CALO) OR				-	BETWEEN	MATE INTERVAL INSET AND DE
		underlying cause last	DUE TO, OR AS A CONS	FAILUR			•		
	Z		CONDITIONS CONTRIBUTING			CANTER	IDITION GIVEN IN	PART 11c	
- 40	CERTIFICATION	HEPATIC FAIL	196. CONDITION FOR W		MGTASTATIC N WAS PERFORMED	20g AUTOPSY?	206 IF YES, WER	E FINDIN	IGS USED
	FIC					1	IN CERTIFYING		OF DEATH?
9	RTI		TO AN THE OF BUILDING		Tal. How william occurr	YES NO	YES [NO 🗆
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM IB PART TO	RPART 2)	
7	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
1	MEDICAL	21d INJURY OCCURRED	TE PLACE OF INJURY	EICE EADA ETC 1	211 LOCATION STREET	CITY OR TO	OWN CO	YTMUC	STATE
	2	AT WORK NOT WHILE	TALLIONE SINEEL, FACTOR OF	FICE FARM, ETC.)					
		22a. I certify that (I) (this has	oital) attended the deceased fr	om Ava	10 1987	10 AUGUS	13 198	7	that (I) (we)
		sow the deceased alive a	AUG 12		nd that in (my) (our) opinion	death occurred on the o	ate and hour and	from the	causes stated
		abave, (1) (we) (did) (did n 22b. SIGNATURE	at) view the bady after death.		DEGREE		12	2c_DATE	SIGNED
		n n/a -1	20			MEDICAL STA		1101	C-
		m Keul	auti		PHISICIAN	DIRECTOR PHYSI		013	0/
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			A	
		M. Kerth Kou	Dinas mo		1701 W.F	TRATT ST	: BAUTO	m.	SIZE
	23a R	URIAL, CREMATION, REMOVA	L 73b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- 3-1	- 1	
		SPECIFY BURIAL	8-19-87		ZION	CITY OF TOWN	Himon	YTY	Mal
-	24 51			7-(7		E REC'D. BY REGISTRAF	* * *	CICNICT	
B4	ra FU	INERAL DIRECTOR	ADDR	RESS C 7 1	Sw. Femkla A		ZOB REGISTRAR'S	SIGNAT	UKE
		nances	1 6/11/ A -	TO CAN	() FUD A A	UG 2 0 1987	7 1 1	order	77 7.0

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN, The law

TO FUNERAL DIRECTOR, After this ned by the hospital of

The section of the se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

·L	REGISTRAR		CERTII	TERTE OF DEATH	REG. NO). 50		
	DECEASED NAME FIRST THO	MAS	KERNAN DO	AST DOYLE	20. DATE OF DEATH	MONTH DAY	77	26 HOUR 12:45 AM
	Male	ace Wh	ite S DATE C			89 YRS.	UNDER I YEAR	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) IRELAND		MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimo	_		MD.
	Baltimore	(IF NOT IN SUCH	OSPITAL, NURSING HOME OF ACHITY, GIVE STREET ADDRESS) OOD Samaritan	DR OTHER INSTITUTION	120 USUAL OCCUPATION (14 PE OF WORK FOR MOST OF INSPECTOR		126 KIND C INDUSTRY Pa.	RR
13	STATE Maryland 136. COUNTY		GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Baltimore		13e STREET, ADDRESS / 1541 Sha	ZIP CODE dyside	Road	21218
14.	Patrick	DLE	Doyle	15. MOTHER'S MAIDEN NAM	MIDDLE		Sh	ernin
160	WAS DECEASED EVER IN U.S. ARMED		717-07-7759	Margaret Doy	le 1541 Sha		Road	21218
NOTA	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR (b) DUE TO, OR (c) IDITIONS CO	AS A CONSEQUENCE OF AS A CONSEQUENCE OF CHY INTRIBUTING TO DEATH BUT TION FOR WHICH OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON(DITION GIVEN 206 IF YES, V	VERE FIND#	NGS USED
MEDICAL CEPTIFICATION		P.A. 21e. PLACE C LAT HOME, STRI ottended the	A. MONTH DAY YEAR A. 19 SF INJURY EET, FACTORY, OFFICE, FARM, ETC.) deceased from 19 otter death.	211. LOCATION 211. LOCATION STREET , 19 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	CHY 0R TO\ 	YES RYINITEM 18 PART WN ofe and hour o	COUNTY	STATE that (I) (we) last couses stated
23	Burial, Cremation, Removal Burial	8-5-87		EMETERY OR CREMATORY y Valley	23d LOCATION CITYOR TOWN Luthervi	lle Ba	ltimor	e Marylan
	FUNERAL DIRECTOR NAME itchell-Wiedefeld	Home 6	5500 York Road	4110	REC'D, BY REGISTRAN			A SAME

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspitol or

BP.

IMPORTANT: If them 21 is marked or them 18 short part

63985 AUG 2	318	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL OF CERTIFICATE OF DEATH	REG. NO.	6 4 4
3 71		GEASED NAME FIRST DAY	MIDDLE	DRAKE	20. DATE OF DEATH MONTH	25 87 235PM
atter, pos	3.5E	Male.	Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRD DAY)	IF UNDER LYEAR IF UNDER 24 HRS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. B	RTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	Baltimore City or Coun	
4 90	B	140, City	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1) PROF WORK FOR MOST OF WORKIN	T2b KIND OF BUSINESS OR G LIFE INDUSTRY
	USU Ida S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE IY 13c. CITY OR TOW	ADMISSION)	13e STREET ADDRESS / ZIP CO	RA. 21228
1 100	0	Un Known	IDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
(3)7	2 V	AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU WAR OD DATES) 218-10-1	1886 Deulah W	Manson G 40	29 WASh AVE
physical physical property of the physical physi	P	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		ordine phrator	y Arrest	BETWEEN ONSET AND DEATH
TW, PRESTON S that the death cert by the siteraling one remove cutto il, compilior, or re other troumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	went of the	rteresderes	\$.
Mary and American	N N	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION	GIVEN IN PART 1ra
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
Sales Const	14	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
WISION OF THE PARTY OF THE PART	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F.	211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
THENDRA PARTIES OF THE COMPANY OF TH		22a I certify that (I) (this hospitor saw the deceased alive an abave, (I) (we) (did) (did not	D/94 10 9	and that in (my) (our) opinion	t. 19 8/25 death occurred on the date and l	that (I (we) last have and from the causes stated
AL Car		226 SIGNATURE	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/25/87
HOSPITA Ouned by FUNERA Ould be di the the Sto		22d PHYSICIAN'S NAME (TYPE OR RUBEN A	ELDER MD.	7 445 FURA	VACE BRANCH	- Rd olan from 17d

STATE DHMH - 16 60M 7/84 (VRA 15, 4)

Commence of the Commence of the State of the Commence of the C

We are an all the first of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE	8	REG	5. NO	2	2	6	4
£	LAST	la D	ATE OF	DEAT	H MONTH	D	AY	YEAR	26 HO
	Draper		08	11:	3/87		4		12:3

					REG. N	0	Garage Co.		
	1. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
	Mary	Ann	Dra	per	08/13	187		12:254 N	
	3 SEX	4. RACE	5 DATE C	P. WHILLIAM	6 AGE (IN YEARS LAST BH	ETHDAY)	FUNDER YEAR	IF UNDER 24 HRS	
	FEMALE	WHITE		EMBER 26,1935	51	YRS	DATS	HOURS MIN	
	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH				
7	DELAWARE	USA	WIDOWE		Baltimore	City		MD	
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPAT			F BUSINESS OR	
2	Baltimore /	Union Me	morial Ho	spital	DATA ENTR			EN FOOD	
0	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE / 136 COUN		OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	GAR	144	
Ø	DELAWARE KEN	T HARF	RINGTON	YES NO X	R.D. 1 B		199	52	
	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME		. 1AS		
		• BARI		PAULINE	RIN		RYAN		
2	16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	AL SECURITY NO.	17 INFORMANT	R.D.R	BOX	80B		
1	NO	- 222-	22-7631	C. WARREN DE	RAPER HARR	INGTON,	DE 1	19952	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line far to), (b), and ic)				BETWEEN	ONSET AND DEATH	
		E CAUSE (a) CARI	DIORESPIR	ratory are	EST				
	Conditions, if any, which	- 17-90							
	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying cause last	(6)	INSECUEINCE OF				11111		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11	0	
Ц	190 DATE OF OPERATION 8/11/87		1						
7	3 190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	200 AUTOPSY?		WERE FINDIN			
4	8/11/87	SMALL BOW	IEL OBSTE	LUCTION 2°CA	YES NOX	YES	ING CAUSES	NO [
1		216. TIME OF INJURY	ITH DAY VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART 2)		
7	OR CONTRIBUTING CAUSE OF DEA	16	19						
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	NA/M	COUNTY	STATE	
1	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	OFFICE, FARM ETC.)	SIMEEL	CITYORIC	10014	CODMIT	31416	
	22a. I certify that ((this hospi	al) attended the deceased	from +31	1987	10 8/13	87 19	>	that (I) (we)last	
	sow the deceased alive on abave, (I) (we)(did)(did na	813	19 87, ar	d that in (my (our) opinion o	death occurred on the d	ate and hour c	and from the	causes stated	
	27b. SIGNATURE	O C	(1.	DEGREE			22c. DATE		
	1 Give	L' Saga	Ms	ATTENDING PHYSICIAN	MEDICAL STA		8/1	3/82	
1	27d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	J DIRECTOR LI PHISIC	, IMIA K	1 -1.	-107	
	Gina L. S	Sager, M.D.		Union Mer	morial Hosp	ital			
	230 BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	123d LOCATION	LCUL			
	BURTAT.	8/16/87		OD CEMETERY	HAPP TNGT	ON KEN	COUNTY DET	ALLA DE	

DHMH - 16 60M 7/84 (VRA 15, 4)

LEWIS D. McKNATT HARRINGTON, DE 19952

\$ 5 E E	Total Control					78
	<u> 1</u> 2	es 20 ₉ 1035 X	Niber	2.713W		STORES BRANCES
og propin her in karti	S ATML					
2381 Act 186	5	1 x () = 1	TOTAL DUE			ALESSAVIATE OF
MAYE - INWA		and the		g	4	SUPPLIES
	I DEED	nterio o	[[37.85mS		-	NO
SAVAGO DE MINI						

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARYGINE

6 2

-	FOR TSTATE REGISTRAR		CERTIF	EALTH AND MENTABIYG	REG. NO 3		
	CEASED NAME FIRST	WIDDLE	DR	AUN	20 DATE OF DEATH MONTH	13 87 -	7:15
3 SE)		4 RACE	5. DATE C	OF BIRTH26	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 H
F	EMALE	WHITE	04	1900	87 1	RS	OURS M
70 BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OR COU	0 1	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWE		120 LISTAL OCCUPATION	126 KIND OF B	RISINESS
BA	XUTIMORE	LEVINDALE HEBO		CLARECCER COR	CTYPE OF THE TARY ORKH	FCOD-M	ARKE.
1130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU			13d INSIDE CITY LIMITS?	13. STREODE GROS CHARSINAN HOUS	BA. ESTRUTHM	ore:
14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	LAST	
-	NATHAN	SAPPERSTEIN	•	MARY	1000000	SAKS	
		RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 716 - 0	7-416Z		s. fae kaplan	APT. 314	
	NO	7.00		7 SLADE AVE.	BALTO.,MD	21208 APPROXIMA BETWEEN ONS	TE INTERVA
	PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), o ED BY: (TE CAUSE (a) PNEUN	ONIA			BETWEEN ONS	SET AND DE
		DUE TO, OR AS A CONSECU	HENCE OF				
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1:0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			20a AUTOPSY? / 20b. If	YES, WERE FINDING	
	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		11/ HOW IN HIPY OCCUPE	YES NO NO		NO 🗌
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		THE HOW HOOK! OCCOR	LED LEWISK WATORS BY INJURY IN HEN	TIS PART (OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
× ×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TOWN	COUNTA	STAT
	220.1 certify that 19 (this hasp	n attended the deceased fram	87.1	nd that in (a) (our) opinion o	death accurred an the date and		uses state
	THE SIGNATURE	when		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SK	PS.
	ESTRELITA	O. Kn	my	VEVINIAVE HED	REN GERLATRIC	CENTER &	1/08/
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG.14,1987	GREA	EMETERY OF CREMATORY TER BALTO. LO			YLAN
	6010 REISTERST	LEVINSON & BROS. OWN RD. BALTO:		.215 AUG	20 1087	SISTRAR'S SIGNATUR	Luck

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be definited for use with the State Dept. of Heal

TO HOSPITAL

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 /	2	2	6	d	
REG. NO.	177	-	0	-	

062194	AILO A	م ام	FOR STATE	DEI	CERTIFICA	TH AND MENTAL HY	GIENE 8	1 2	2 6	1 14
002134	My Co	1. DEC	REGISTRAR EASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEAT	H MONTH DAY	YEAR 2b HC	OUR _
oo be		(TABE	PRINT)		Pun	7	august	5 19	87 5	55 AMM
ge 4 may		3 SEX		RACE B	S. DATE OF BII		6 AGE (TO YEARS LA			ER 21 HRS
eoth. Po	of orce	70 BII	ATHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUP	MARRIED WIDOWED	NEVER MARRIED DIVORCED	1 2 11	ore Cit	DEATH	MD.
201 rs offer o	Day ()	B	altimore	11. NAME OF HOSPITAL, N TIP NOT IN SUCH FACILITY, GIVE	URSING HOME OR OF STREET ADDRESS!	HER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M		M. KIND OF BUSII	VESS OR
AND 213	r must be	139	RESIDENCE (IF NURSING HOME OF TATE 136 COP	INTY ISC SITY OF	timore YE	7	1100 Bols	ss/zipcode	Apt 804	21201
mARYL ompletely 1 and 2 s	Semina C	}	THE S NAME PIRST Willis	MIDDLE DU	inn	MOTHER'S MAIDEN N	MIDD	H	ughes	
TIMORE be execu	e medico		ES NO OR UNKNOWN) IF YES G	DIE WAR OR DATEEL		ARRY DUN		EAMON AV		
or physicic on popper emovol.	event, th		PART I. DEATH WAS CAUS		,)	Arcinoma	cootho	-rorwer)	APPROXIMAYE INT BETWEEN ONSET AN	ERVAL ID DEATH
1 W. PRESTON: hot the death ce by the otherding ose remove corb it, cremotion, or it	other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	refa(carc	inone wit	h one-festas	(1		
RDS, 20	nlury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	1 /	,	MINAL DISEASE OR C	CONDITION GIVEN	IN PART 110	
At RECO	Lill Sano	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V			200 AUTOPSY? YES NO[IN CERTIFYIN	PERE FINDINGS US FIG CAUSES OF DEA	ATH?
OF VIT. G physic artificate software mid-from	19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONT	H DAY YEAR	HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)	
WISION GO PHYS otherdin fer this c	hed or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		LOCATION	CITY	OR TOWN	COUNTY	STATE
TTENDS OF TOTAL A Plan List of Marian and Health	21 ts me		220. I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	11			n death occurred an t	he date and hour ar	, that (1) and from the causes	(we) last
At Off a both of the both of t	T. S New		27b. SIGNATURE	Cloninger	DEGI	ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN	224. DATE SIGNE	D
o HOSPIT Crimed by D FUNER could be s	POSTAN		22d. PHYSICIAN'S NAME (TYPE	C. Cony.		120 S. G1		Dept Fan	Ja Mesi	بنرر
2 = 2 ± 1	à	23a B	URIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b DATE 8/8/87	23c NAME OF CEME LOUDEN	TERY OR CREMATORY PARK	23d LOCATION CITY OR TOW BALTO		OUNTY	STATE
-	-	24 51	NEDAL DIRECTOR			nt - n	ATE DECID BY DECICE		NO CLOSE LATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

4500 LIBERTY HEIGHTS AUG 7 1987

Julia Deviden Rodall

ALL TO SEE THE PROPERTY OF STREET

ctor, page 3 ofter death

requires that the death certificate be executed within 24 hours after de

TTENDING PHYSICIAN: The law

by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGUENE CERTIFICATE OF DEATH

2 2 6 4 8 2 2 6 4 8

	REDISTRAK		CERTIFICATE OF DEATH	REG. NO.	- / 0
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
(111	WARR	EN C.	EASTBURN	Aug. 9,19	87 6:15 E
SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOA	
	Male	White	May 21, 1921	66	YRS. DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	Delaware	USA	WIDOWED DIVORCED	Baltimore	City ME
	altimore	(IF NOT IN SUCH FACILITY, GIVE		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
sU	AL RESIDENCE UF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	Patterson Park Av		121 3131
	Delaware Suss			Surf & Ay	CODE Page 10030
	ATHER'S NAME		IS. MOTHER'S MAIDEN NA		res nus, 19930
		Eastburn LAS	Ethel	WIDDIE	Hawthorne
	WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRES	ethany Beach, De
-	Yes no or unknown) (IF YES GIVI	2 21-	05-4404 Brenda D.	Eastburn	P.O.Box 1168
Ī	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b , and ic .		BETWEET SO CT ZED PATH
	PART I. DEATH WAS CAUSEI	E CAUSE (0) ne	bosh by Klas	G. CARC	some Il min the
	PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT NOT RELATED TO THE TERM		ON GIVEN IN PART 110
					CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR		
	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	21f. LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspit	ol) ottended the deceased f	rom 9-9 19 P1	- to 1 - 9	19 FF, that (I) (we) lost
	saw the deceased alive an above. (I) (we) (did) (did not	<i>5-9</i>	. ond that in (my) (our) opinion	death occurred on the date of	and hour and from the causes stated
	22b. SIGNATURE	Cew the body offer death	DECREE		22¢ DATE SIGNED
	194	125	ATTENDING PHYSICIAN F	MEDICAL STAFF	89-14
	22d PHYSICIAN'S NAME (TYPE OF	PRINTING MILLIAM	22e ADDRESS	1211-	(& Bolh
_	NENNE	11.001/11/11	790]	. Conkilly	01.
0	BURIAL, CREMATION, REMOVAL ISPECIFY Burial	8/13/87	Gracelawn Mem. Pa	23d LOCATION	le, New Castle, I
			OLACE AWI MEM. PA	THE DITTIONS	I G NOT LOCT LO

HMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and some are detached for use as the buriol-transit permit. Then please remove carbon papers. Page with the "tate Dept" of Health and Mental Hygiene prior to buriol, cremation, at removal.

POSTANT: If hem 21 is morked or them 18 shaws ony injury, or other troumotic event, the

overet T. John

Newark, Del.

G 13 4005

Strain & Land

Boltstore - 132 South ratteresh tark Lys. Contractor Construction

Delaware Chara Estimay seek I see I done wearted measure les

until 2/13/69 drecelive en lark dispensals della lattu

tey di,1911 at 56

gill evenille

Salt ve . . . newdjesk . . shmar Foot - refee

in with sorting

Aug. 9,1987 Galifie

W. T. T. S. Mer. County, Delt.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE DICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE

2	2	6	4	7

	1. DE	CEASED NAME	FIRST		WIDDLE		L	AST			2a. DATE I	(NOWN K)		DAY	YEAR	26 HOUR
% % % % F	(TYP	E OR PRINT)	Charl	ac .			Eat	on		77	OF DEATH		8	ō	19 87	
PLEASE ECTOR. R FILES. HOURS STREET,	3 SEX	4. RAC		DATE OF BIRTH		6. AGE (IN YEAR		ER 1 YR.	IF UNDER	24 HRS	2c DATE		MONTH	B DAY	YEAR	2d HOUR
YOUR YOUR	1	•	3 2	5 5	YEAR 19	68 YRS	MONTHS		Hours	MIN	PRONOUN DEAD	CED	8	8	19 87	10 A
A S S S S S S S S S S S S S S S S S S S		RTHPLACE (STATE OR	71	A CITIZEN OF WI	HAT COUN	TRY?	MARRIE	D NE	VERMARR	IED X	9. BALTIMO	ORE CITY O	R COUNT	Y OF D	EATH	
- T 10	IA	, C.	-	Americ	9		WIDOWE	D 🗆	DIVORC		E	altimo	ore (City		MD
AY IS THE TAKE		iltimore	ATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1348 Division Street								OR INDUSTRY				
DEL STORY			URSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)							01017					
ANA	13a S	MD	136. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS								115100 SF. 11				
H. 32.	14. FA	THER'S NAME		MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE												
\$ 8 T	B	entamin	1	ADDLE	E	aton	00	Ann	ie		Mil	DDIE	Nov	~wc	200	
HAOWA.	Ide V	VAS DECEASED EVER	IN U.S. ARME		16b. SOC	IAL SECURITY	NO. 1	7. INFORA	MANT			ADDRESS				
JRS AFT 3. GIVE WITH P DIVISIO		10				-12-45	87	Muri	rieli	Jone	es u	206h	s. La	1fa	yet.	te
NOUR NO NO N		18 CAUSE OF DEA PART I DEATH V	TH (Enter only o											BETW	PROXIMATE JEEN ONSET	INTERVAL AND DEATH
PERA HE			IMMEDIATE (AUSE (a) AI	~	sclero		ardio	ovasci	ular	disea	se				
NO WOW		Carallalana II	and the second	DUE TO, OR	AS A CON	SEQUENCE OF	F									
VITH JCIL NER SAN TAL	like.	Canditions, if gave rise ta	immediate	(b)												
NEW YEAR		couse (a) storing the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF														
PARA PE	1			(c)												
A A S S S S S S S S S S S S S S S S S S	7	PART 2 O'INLR SIGNIFICAT	NT CONDITIONS CON						N GIVEN IN PA	RT 1 is						
A S A CRED	5	19a, DATE OF OPER	ATION	Diabetes mellitus 11% condition for which operation was performed?												
ROUTE HIEF HIEF HIEF HIEF HIEF HIEF HIEF HIE	MEDICAL CERTIFICATION	198. DATE OF OPER	ATION	196. CONDI	ION FOR I	WHICH OPERA	IION WA	S PERFOR	MED?						UTOPSY?	
20 H F B -	ERT	21e EXTERNAL CAU	ISE WAS	216. TIME OF	INTURY		Izic HOV	WINDER	OCCUPPE	D LENTER I	NATURE OF INJUI	RY IN ITEM 18 PA	ART LORGA	1	ES 🗌	NO 🔀
THE WARTIMEN TO THE WARTIMEN TO THE CARTIMEN T	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	HOUR A.M	. MONTH	DAY YEAR			OCCORRE	D (LINEAR)	-ATORE OF HISO	W. HALLEM 1011	ANT TOR FAR	. 2)		
ERTIP ING ING S SHO PRIO	NA NA	21d. INJURY OCCUR	RED	21e PLACE C		19 (AT HOME.	211. LOC	ATION								
ARITI ARDEI ARDEI GE 3 VTE DI 1201 F	¥	WHILE AT WORK AT W	WHILE	STREET, FACT	ORY, FARM, ET	(C)	STR	EE1			CITY OR TOW	N	COL	YTM		STATE
R: TH		22a. I certify that	I took chorae a	f the remains des	cribed aba	ve held on	Autapsy		Inspection	X	Inquiry	200	In my ap			
MAN PERCENTANTANTANTANTANTANTANTANTANTANTANTANTAN		death resulted from		causes X	Accident	, Suice		Hamic			ermined mar		, iii iiiy up	mon		
WAR WAR		A	/	2				TITLE (S	PECIFY)							
TE THE 4 SHOULD BEATH, AORE, N		ACTUAL SIGNATURE									87					
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	2	EXAMINER'S NAME	Δn	n M. Dix	on M	T D					n St.		to.ME			
XECUTION AND AND AND AND AND AND AND AND AND AN	22- 01	(TYPE OR PRINT)						DDRESS_				Dail	LO.IL	· .		
BP.	230 BI	JRIAL, CREMATION, PECIFY)	1 Q	/13/8	7 236. 5	AME OF CEME	Zul	REMAIC	Co	CITY (CATION OR TOWN		COUN	ITY .	m sil	ATE
DHMH - 17	24. FL	INERAL DIRECTOR	4 10	, , , ,	/	71.			250. DATE R	REC'D. BY	REGISTRAR	756 REGIS	TRAR'S S	CNATU	IRF	-
(VR A15 ME (5))	d	ames A	- Mot	and Sor	4				AUG	111	987 9	the Day	ridow.	April		1
				- V	-							1				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WGIENE CERTIFICATE OF DEATH

AUG 26 87 - STATE REGISTRAR REG. NO. DECEASED NAME MIDOLE LAST 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Wilson **EDMONDSON** August 7, 1987 9:05A M IF UNDER I YEAR 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HRS MONTH OAY YEAR B 26 74 POSBIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City VIRGINIA WIDOWEDIX DIVORCED U.S.A 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 4049 Edgewood Road 21215 13a. STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? Md YES X NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME AA (DID) F Edmondson Walker James Mary 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO Charlie Edmondson 2900 Poplar Terrace 228-01-0031 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Cardiogenic shock IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Myocardial infarct Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE . 19 87 , that | K (we) lost 220.1 certify that th (this haspital) attended the deceased from August 6 __ 19 87 to August 7 sow the deceased alive on August 7
obove, #1 (we) (did) (did not view the body after death 97, and that in (xxy) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS c/o Marylsnd General Hespital Samir Shabshab, M.D. 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE MO Baltimore 8/22/87 Eastview Cemetery Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE March F/H West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

0

00

0

de o

old be deto

MPORTANT

WORKS THE PARTY OF THE PARTY OF

AUE 28 8	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE /	2	5	1/
1	DECEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR p
1	Part of	Howard	William		rington			1 87	4:30 M
	Male		4 RACE White	S. DATE	DF BIRTH DAY 14 55	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
35	BIRTHPLACE (STATE COUNTRY) Maryland	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	MARRII	D NEVER MARRIED DIVORCED	Baltimore City			MD
20	Baltimor		11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STRE 4307 Grand Vi		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman		12b. KIND (INDUSTRY FLO	of BUSINESS OR
E	Maryland	NURSING HOME OR	other institution, give residence be- ity 13c, CITY OR TO Baltim	WN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	130. STREET ADDRESS 4307 Gra	ndview	Avenu	e 21211
影	Marvin	٨	Edringte	on	IS MOTHER'S MAIDEN NA	WE		Rosier	ST
16	WAS DECEASED (YES, NO OR UNKNOW NO	VER IN U.S. AR/	war or dates) 166 SOCIAL SEC 215-70		Marvin Edrii	ngton 1339		h Stre	et 21211
the second of	18 CAUSE OF I PART I. DEA	TH WAS CAUSED	y ane cause per line for (a) the OBY: E CAUSE (a)	and ic	e Lung C	· A .		BETWEEN 5	ONSET AND DEATH
njury, ar other traum		immediate stating the ause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	LINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	(a
a spews and any	DATE OF OR	ERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND!	NGS USED S OF DEATH?
them 18 s	OR CONTRIBUTION	S UNDERLYING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	1
o Daw	WHILE [7]	OT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICI	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 k mc	saw the de	ceased alive an	ob attended the described from		nd that in (my) (our) apinian (death accurred an the d	ate and haur		that (I) (we) last causes stated
Aff. if Bes.	22b. SIGNATURI	10	Che)		MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 7
PORTANT	22d. PHYSICIAN	S NAME (TYPE OR B	- Cohen		220. ADDRESS 201 E	UNIC F	Perb	Ba	nl 2/2/8
23	BURIAL, CREMAT (SPECIFY) Buri		The state of the s		EMETERY OR CREMATORY Baptist Ch. (23d LOCATION CITY OR TOWN	0	LOUNTY	state
14	FUNERAL DIRECTO		r. 3818 Roland		250. DAT	UG 24 1987	25b. REGISTR	AR'S SIGNAT	ro Rondoca

the state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE

REGISTRAR		CERTI	FICATE OF DEATH	RF.	G. NO. **	- 14		T THE REAL PROPERTY.		
1. DECEASED NAME FIRST (TYPE OR PRINT) NORMAL		AIDDLE E	EDWARDS	20 DATE OF DEA		27	YEAR 87	26 HOUR 1:15pm		
3. SEX MALE	4 RACE BLA	MON	OF BIRTH	6 AGE (IN YEARS LA		MONTHS	DAYS	IF UNDER 24 HRS		
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF	MHAT COUNTRY? 8. MARRII WIDOW	NEVER MARRIED ED DIVORCED	0 2327	F.LA	EAY e	721	\$ 2/2/3 4/00 MD		
Baltimore	Franci	OSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) S Scott Key N		120 USUAL OCCU			KIND O DUSTRY	OF BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME C 130. STATE 13b COU MD BaTt	timore	give residence before admissions 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS	? 13. STREET ADDR 2327 E	ss /AI-	AVe7	<i>te</i>	A42121		
FATHER'S NAME WILLIAM	MIDDLE EG	lwands	15. MOTHER'S MAIDEN BETH AT	NAME MIDE	lE .		7 LAS	ī		
To WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO. 244-20-4-64	PEARLIC	Mosle /	2327	E.A	LAF	#212/21		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [DUE TO, OF DUE TO, OF DUE TO, OF CONDITIONS	Ventricular R AS A CONSEQUENCE OF CHYONIC TENB R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT TION FOR WHICH OPERATION	I failure of	n hemodialy	Sis	GIVEN IN	IVEN IN PART Ito: S, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
T		M. MONTH DAY YEAR	21e. HOW INJURY OCC	YES NO	-	YES TE PART I OR	PART 2)	но 🗆		
THE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE C		21f LOCATION STREET	CITY	OR TOWN	cc	YINUC	STATE		
220.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we (idid) (did n	n_ 6/7	10 87	nd that in (my) (our) opini	, 10	ne date and !	hour and f		that (I) (we) last couses stated		
22b. SIGNATURE LAC	hans.	M.D.	DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN [22	E. DATE	SIGNED		
J.B. Zachary	y, M.D.		22e ADDRESS 4940 Eas	tern Avenue	, Balt	to.,	MD 2	1224		
CREMATION, REMOVAL	23b. DATE	87 GARRIS	EMETERY OR CREMATOR	m. Owing	5 M	1//s	ЛУ	M. O.		
BEHS FUNERAL	/ Hone	112918. CARRY	ine ST A	UG 3 1 987	PAR 156 REG	ISTRAR'S	of orkate	URE		

DHMH - 16 50M 1/81 (VRA 15, 4)

unexal Home 11391.

to runeRal DIRECTOR. should be detached for us with the State Dept. at New MPORTANT: # hem 21 is

AUGS

or attending physicion.

retained by the hospital

BP.

0

06386

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

2 0

5 BY TEGISTRAR 256 REGISTRAR'S SIGNATURE

	REGISTRAR			CERTIN	ICAIL OF PLATE	REG. NO	0.55		7		
1 35	GEASED NAME FIRST	A	NIDDLE	t.	A51	20 DATE OF DEATH	MONTH DA		26 HOUR Z		
וטינ	NATH	AN		ECT :	ICHEN		8 15	87	6:11 ^A		
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	# UNDER 24 HR		
	ALE	WHITE		DEC	. 1, PAY 1894 EAR	92	YRS	NIHS DATS	HOURS MIN		
7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH			
	RUSSIA	USA		WIDOWE	DIXX DIVORCED	BALTIMORE CITY					
	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	LTIMORE		HURCH HOS			PHARMACIST DRUGS					
	AL RESIDENCE (IF NURSING HOME TATE 136 COL		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE				
MA	RYLAND		BALTO.		YES KIK NO	2500 W.BELVEDERE AVE. 21					
14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME					
	SAMUEL	MIDDLE	EGLICHEN		IDA	WIODLE		MUSKI			
16a W	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITYNO		S. BRENDADDRE	SS DITCH	HUSKI	114		
(1	YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	087-22-9	100					21201		
_	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS				501 W. FRANK		BALTO		IMATE INTERVAL ONSET AND DEAT		
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	HYPERTE	NSION					
TION	PART 2 OTHER SIGNIFICAN							WERE FINDI			
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		ING CAUSES	OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	IME OF INJURY JR. A.M. MONTH DAY YEAR P.M. 19			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)			
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
	220 I gertify that (I) (this has		19	85.00	nd that in (my) (aur) opinian	deoth occurred an the de	ate and hour	and from the	1		
	A SEC. AND ADDRESS OF THE ADDRESS OF	-11/1/11	/		DEGREE			22c. DATE	AIGNED		
	Clange	umes				MEDICAL STAL	IAN 🗌	81	15/87		
	AND THE RESERVE OF THE PARTY OF	AGLIATEI			22e ADDRESS	MEDICAL STAL DIRECTOR DHYSIC		E,MD.	15/87		

21215

DHMH - 16 60M 7/84

SOL

RD.

LEVINSON & BROS., INC.

BALTO., MD

24 FUNERAL DIRECTOR

NAME 6010 REISTERSTOWN

FOR - STATE

(VRA 15, 4)

	the state of the s
	-
-	
	. !
	0
	4
	-
	77
5	
5	
2	_
9	3
A	-
7	4
OC .	
5	7
8	
Q Q	
=	
=	
8	
-	,
is .	-
2	
E .	-
W.	-
4	
>	
-	
20	
N.	
2	
Ö	
Ö	
2	-
-	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
>	4
Ö	i
Z	
0	1
715	-
5	

331 AUG	1	18	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	IENE/ 2 2 C	54
			EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
+ c +		(TYPE	OR PRINTI A ROLL	9 111	- b-01-	8 1	1 87 7155
ded	ŀ	3 SEX	HORANA	RACE C SE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 2 MRS
tor. page 3		3 DEX	M ALE	CACAUSIAN	MONTH 10AY YEAR 93		DNIHS DATS HOURS MIN
Pog dire	4	7a BIF		CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY C	DE DE ATH
r death. P	A	C	OLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	/ BALTIMORE CIT	
s ofte	2	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION ADDRESS) BATT.	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) RADI	126. KIND OF BUSINESS OR INDUSTRY REPAIR
filled in could be f	8	13a S	IL RESIDENCE (IF NURSING HOME OR OF TATE MARYLAND 136. COUNT	OTHER INSTITUTION, GIVE RESIDENCE AFORE Y 13c. CITY OR YOW! BAL TO	ADMISSION) N 13d. INSIDE CITY LIMITS YES NO	'6504 CHIPPEWA DR	#21209
and sh	d		THER'S NAME ENDEL	IDDLE LAST ETSE	NBERG ETHEL	ME MIDDLE	NIZIÑSKI
n and co Pages 1	7	16a W	(AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE YES WWI—AI	NED FORCES? 166 SOCIAL SECU WAR OR DATES) 216-32-9		SEPH EISENBERG LIFF DR. BALTO.,	MD 21209
icio ol.					d (c).)		BETWEEN ONSET AND DEATH
fico pop nove				one couse per line for (o), (b), one BY:	nton Appect		
ng p bon ren			IMMEDIATE	CAUSE (o) KESPIR	AtoRy HRREST		
ndi cor				DUE TO, OR AS A CONSEQUE	NCE OF A D	^	
dec otte		4	Conditions, if ony, which	(1b) Hans	need tarkense	m Kx	
by the ose remoli, cremo			gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
equires to signed to burious injury, or		NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDITION GIVE	N IN PART 110
low reprior	7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
The cron	No.	RT				YES NO YES	
physical phy	3		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
YSK ding s ce burio Men	/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
offence ter thus the k h and i		WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A			22a.1 certify that (1)(this hospita	ol) attended the deceased from_	8/2 19.87	, to 8 1619	9_87_, tha (D(we) lost
TOR For t			sow the deceosed alive on obove, (1) we) (did (did not	8/16 19	87 , and that in (my (our) opinion	death occurred on the date and hour	and from the couses stated
A A A A A A A A A A A A A A A A A A A			22h. SIGNATURE	view the body offer death.	DEGREE		22c DATE SIGNED
The och			(-//)-		ATTENDING _	MEDICAL STAFF	8/16/87
RAI der	-		X VIII	open	PHYSICIAN [DIRECTOR PHYSICIAND	0/10/0/
TO HOSPITA TO FUNERA should be de with the Stote	н	4	THE BHYSICIAN'S NAME THE OF		22e ADDRESS	1 20 1	
HO File			LONDIE DR	ADER	SINAI HO	ospital of BAT	ti
of of shoot		23a B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(BURIAL	AUG.17,1987 SH	HAAREI ZION		ALTO. Mb
DHMH - 16 60M 7/8 (VRA 15, 4)	4	24 FL	NERAL DIRECTOR SOL L	EVINSON & BROS., N RD. BALTO., ML	INC. 250 DAT	RECID BY REGISTRAR AS REGISTE	APS SIGN TURE
(AUM 13, 4)		0	OTO IMPOINTMENTON	, and himself the	MUU	601	

STATE OF MARYLA ID

200 000 July 2000 000 000

e 3

BEGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE CERTIFICATE OF DEATH

REG. NO.

7h HOUR

126 KIND OF BUSINESS OR

PRIVATE

IF UNDER LYEAR

INDUSTRY

20 DATE OF DEATH

	2	Ö	Ö
	Ě	0.	ě
	4	ō	a
4	- 6	· ·	-
	d.	10	2 1
	14	- 3	
	- 2	- 2	21
	- 0	2	€ "
	B	2	1 ,
	ā	-	4 6
	-	-	Talled within 73
- 1	6	_ 5	Y.
- 6	-	L3	22
- 1	19	A.T	激
	Vã.	2	#
	-	_	1 0
	2	- 6	2 4
	7	-	
	5	0	S
	×	20	9
	0	0	2
	9	0	5
	0	1510	00
	Fic	4	9 0
	=	0	0 0
	Ü	=	or o
	+	2	0 .
	ě	=	20
			£ 2
	-	1	5.3
	- 5	3	8 4
	=	19	3.7
	2	- 5	9 5
	2	- 5	20
	- 5	- 5	5.7
	-	- 2	1 5
	.9		5 0
	2	2	5 5
	#80)	2 #	3 6
	Z	5 5	22
	25	4 李	10
	X	p 5	2.5
	4	0 0	3 5
	6.	£ #	28
	0	1 3	5 8
	6	1 4	24
	NDENG PHYSICIAN. The law requires that the death certificate be executed a min 24 hour after death. Page 4 may	is a mendaging proyection. R. Affer this certificate has been signed by the attending physicion and completely filted in 17, the latters director, pag	use on the trunchtransist permit. Then phose remove corbon popers tealth and Mental Hygiese prior to burns, cremition, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

5. DATE OF BIRTH 3. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) BLACK 0 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWEDX DIVORCED [BALTIMORE CITY REP of PAN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE GOOD SAMARITAN HOSPITAL RN BALTIMORE LINUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 13e STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BALTO. 5455 BELLE VISTA AVE. 21206 YES KT NO I 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CECIL BROWN GRACE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) 079-36-5260 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PULL MONA IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF RONIC MYELOCYTIC LEUKEMIA Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN CIDEEL AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. 19saw the deceased alive on, above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DRIANT 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL WOODE AWN. BURIAL WOODLAWN CEMETERY 8/26/87 24 FUNERAL DIRECTOR

MIDDLE

LEVI HAENER ELIE 5:455 BELLE VISTA AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19..... and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c DATESIGNED DIRECTOR PHYSICIAN 250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE WM. "C". MARCH F/H, INC. 1101 Es. NORTH AVE.

DHMH - 16 60M 7/84 (VRA 15, 4)

	T. DEC	EASED NAME	FIRST		MIDDLE		LAST	- 17	2	O. DATE KN	OWN LX	MONIH	DAY YEAR	26 HO
E FUNERAL DIRECTOR. E5 FOR YOUR FILES. E0, WITHIN 72 HOURS W. ERESTON STREET,	{TYPE	OR PRINT)	Willi	am	J.		Elliott	-7		OF E	ESTI	8	7 19 8	7
TREE	3. SEX	4 R	ACE	5 DATE OF BIR		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER		DATE		HTMOM	DAY YEA	R 2d HO
N N			hite	Dec. 7	, 1912	74 YRS.	MONTHS DAYS	Hours	MIN.	RONOUNCE DE AD	ED	8	7 19 8	7 10:
ste	Za BH	THPLACE (STATE C	OR	76 CITIZEN OF	WHAT COUN	TRY? 8.	MARRIED IN	EVER MARR	IED []	BALTIMOR	RE CITY OR	COUNT	Y OF DEATH	9 9
5	2	Maryland			S.A.		/IDOWED	DIVOR		Balti				٨
31	10 CI	YORTOWNOFD		(IF NOT IN SUC	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYP) EOR MOST OF WORKING LIEE!				IG HEET		OR INDU	BUSINESS STRY		
	MALIA	Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OT 10. STATE 13b COUNTY Maryland Baltic		Franc:	is Scot	t Key Me	edical C	dical Center Restaur			t Mgr.			
L	13a. S1			ITY	13c. CITY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS? 13d STREET ADDRESS YES NO TO TO THE TOTAL TO T					Road 21224	
1	-	THER'S NAME	BaT.	timore	Eas.	tpoint				4 / Dat	nsaare	son s	10 212	224
31	1)	Joseph			E11:	LAST	13.78(01)	HER'S MAID EIRST Augu		MIDD	DLE	Ucda	tAST	
	160 W	AS DECEASED EV				IAL SECURITY N	O. 17. INFOR	RMANT	is va		ADDRESS	петг	21224	
1	(YE	S, NO, OR UNKNOWN]	Nav.	WAR OR DATES) WW II	215-	-01-5144	Don	rothv	н. Е1	liott	794	7 Tar	sdale	Rd.
		18. CAUSE OF DE	ATH (Enter on	ly one cause per							127	J abett.	APPROXIM	ATE INTERVAL SET AND DEAT
		PARTIDEATH		D BY: TE CAUSE (o)	Multip	le drug ir	ntoxicatio	n					BETWEEN ON	SEI AND DEA!
REMOVAL.		11100	INTERIOR			ISEQUENCE OF						100		
ZIS		C 10.1												
A B			f ony, which											
S C	-9	gove rise to couse (a) state	o immediate	(b)_	OR AS A CON	SEQUENCE OF		17						
ION, OR RE		gove rise to	o immediate	(b)_	OR AS A CON	SEQUENCE OF		T		<u> </u>				
	7	gove rise to couse (a) state	o immediate ing the <u>under-</u> ist.	(b)			. DISEASE OR CONOITI	ON GIVEN IN PA	ART 1 (g).					
7	TION	gove rise to couse (a) state lying cause la PART 2 OTHER SIGNIFIC	o immediate ing the <u>under-</u> ist. CANT CONDITIONS	(b) DUE TO, (c) CONTRIBUTING TO DE	ATN RUT NOT RELA	TEO TO THE TERMINAL			ART 1 (p).				In AUCON	
7	IFICATION	gove rise to couse (a) state lying cause la	o immediate ing the <u>under-</u> ist. CANT CONDITIONS	(b) DUE TO, (c) CONTRIBUTING TO DE	ATN RUT NOT RELA				ART 1 (ø).				20 AUTOPS BODY	ONLY
Z CKEWATION, OF	CERTIFICATION	gove rise to couse (a) statilying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA	o immediate ing the under- ist. CANT CONDITIONS RATION AUSE WAS	(b) DUE TO, (c) (CONTRIBUTING TO DE	ATH RUT NOT RELA	TEO TO THE TERMINAL		PRMED?		NTURE OF INJURY	Y IN ITEM 18 PA	RT T OR PAR	20 AUTOPS BODY YES X	ONLY NO [
SIAL, CREMATION, OF	CALCERTIFICATION	gave rise to couse (a) statilying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING	o immediate ing the under- sst. CANT CONDITIONS RATION AUSE WAS	(b) DUE TO, (c) (CONTRIBUTING TO DE	ATH RUT NOT RELA ADITION FOR TO THE STATE OF INJURY A.M. MONTH	TEO TO THE TERMINAL WHICH OPERATI	ON WAS PERFO	RMED?	ED (ENTER NA		Y IN TEM 18 PA	RT I OR PAR		ONLY NO [
PRIOR TO BURIAL, CREMATION, OF		gove rise to couse (a) statilying cause la PART 2 DIHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING 21d INJURY OCCU	o immediate ing the under- ist. CANT CONDITIONS RATION AUSE WAS OR CAUSE OF JERRED	(b) DUE TO, (c) CONTRIBUTING TO DE 196 CON 216. TIME HOUR .	ATH RUT NOT RELA ADITION FOR OF INJURY A.M. MONTH P.M. 8 CE OF INJURY	TEO TO THE TERMINAL WHICH OPERATI DAY YEAR 7 19 87 (AT HOME.	ON WAS PERFO 21c. HOW INJUR Subject 21f. LOCATION	RMED?	ED (ENTERN)	S.		4	7 2)	
ZOLINION IO BORNAL, CREWALION, OF	CAL	gove rise to couse (a) statilying cause la PART 2 DIHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING	o immediate ing the under- ist. CANT CONDITIONS RATION AUSE WAS OR CAUSE OF JERRED	(b) DUE TO, (c) (CONTRIBUTING TO DE 196 CON 19	ATH RUT NOT RELA ADITION FOR TO THE STATE OF INJURY A.M. MONTH P.M. 8	TEO TO THE TERMINAL WHICH OPERATI DAY YEAR 7 19 87 (AT HOME.	21c. HOW INJUR Subject 21f. LOCATION STREET	PRMED?	ED (ENTERN)			RTT OR PAR	7 2)	STATE
1201 PRIOR TO BURIAL, GREMATION, OF		gove rise to couse (a) statilying cause la PART 2 DIHER SIGNIFIC 19th DATE OF OPE 21th EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBU	CANT CONDITIONS RATION AUSE WAS OR CAUSE OF JERRED DT WHILE WORK	(b) DUE TO, (c) CONTRIBUTING TO DE 196 CON 216. TIME HOUR DEATH 21e PLAG	OF INJURY A.M. MONTH P.M. 8 CE OF INJURY FACTORY, FARM, E home	DAY YEAR 7 19 87 (AT HOME.	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans	ormed? Y Occurringeste	ed drug	cmy on town altimor	^e,	cou	Maryl	STATE
1201 PRIOR TO BURIAL, GREMATION, OF		gove rise to couse (a) statilying couse to PART 2 OTHER SIGNIFIC 19th DATE OF OPE 21th EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING 12th INJURY OCCU WHILE AT WORK AT	CAUSE OF URRED OT WHILE WORK	(b) DUE TO, (c) (CONTRIBUTING TO DE 196 CON 216. TIME HOUR STREET, ge of the remains	OF INJURY A.M. MONTH P.M. 8 E OF INJURY A CE OF INJ	DAY YEAR 7 19 87 (AT HOME.	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans	ormed? Y Occurry ingeste	ED (ENTERN) ed drug Dad, B	CITY OR TOWN altimor	^e,	4	Maryl	STATE
1201 PRIOR TO BURIAL, GREMATION, OF		gove rise to couse (a) statilying cause la PART 2 DIHER SIGNIFIC 19th DATE OF OPE 21th EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBU	CAUSE OF URRED OT WHILE WORK	(b) DUE TO, (c) CONTRIBUTING TO DE 196 CON 216. TIME HOUR DEATH 21e PLAG	OF INJURY A.M. MONTH P.M. 8 CE OF INJURY FACTORY, FARM, E home	DAY YEAR 7 19 87 (ATHOME.	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans Autopsy X, e X, Hom	ingeste	ed drug Dad, B	corror town altimor	re, 	cou	Maryl	STATE
1201 PRIOR TO BURIAL, CREMATION, OF		gove rise to couse (a) statilying couse to PART 2 OTHER SIGNIFIC 19th DATE OF OPE 21th EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING 12th INJURY OCCU WHILE AT WORK AT	CAUSE OF URRED OT WHILE WORK	(b) DUE TO, (c) (CONTRIBUTING TO DE 196 CON 216. TIME HOUR STREET, ge of the remains	OF INJURY A.M. MONTH P.M. 8 E OF INJURY A CE OF INJ	DAY YEAR 7 19 87 (AT HOME.	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans Autopsy X, e X, Hom	ingeste	ed drug Dad, B	corror town altimor	re, 	in my opi	Maryl	STATE and
1201 PRIOR TO BURIAL, GREMATION, OF		gove rise to couse (a) statilying cause la PART 2 OTHER SIGNIFIC 19th DATE OF OPE 21th EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK AT 22th Lecrify the death resulted from ACTUAL SIGNATURE	CAUSE WAS OR URRED OT WHILE WORK ON Natu	(b) DUE TO, (c) CONTRIBUTING TO DE 21b. TIME HOUR STREET, ge of the remains ral couses ,	OF INJURY A.M. MONTH P.M. 8 CE OF INJURY A.G. 6 Accident	DAY YEAR 7 19 87 (AT HOME. 7	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans Autopsy X, e X, Hom	ingeste dale Ro Inspection (SPECIFY) aty Ch	ed drug Dad, B Undeter	CITY OR TOWN altimor	ne, ond ner .	IN MY OPI	Maryl	STATE and
1201 PRIOR TO BURIAL, CREMATION, OF	MEDICAL	gove rise to couse (a) statilying cause la PART 2 DIHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA 21a EXTERNAL CA CONTRIBUTING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK 22a. I certify the death resulted fro ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	CANT CONDITIONS CANT CONDITIONS CANT CONDITIONS CAUSE WAS OR CAUSE OF JURRED DT WHILE WORK at I took chord om Naturation AE AF	CONTRIBUTING TO DE 196 CON	OF INJURY A.M. MONTH P.M. 8 CE OF INJURY A.G. 6 Accident	DAY YEAR 7 19 87 (AT HOME. 7	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans Autopsy X, e X, Hom	ingeste dale Ro Inspection incide (SPECIFY) ity Ch	ed drug Dad, B	CITY OR TOWN altimor	ne, ond ner .	in my opi	Maryl	STATE and
201 PRIOR TO BURIAL, CREMATION, OF	MEDICAL	gove rise to couse (a) statilying cause la lying cause la lying cause la lying cause la light for the couse (a) the couse (a) the couse la light for the couse l	CANT CONDITIONS RATION AUSE WAS OR CAUSE OF JERRED DT WHILE WORK at I took chord om Naturation AE Ar AR AR AR AR AR AR AR AR AR	CONTRIBUTING TO DE 196 CON	OF INJURY A.M. MONTH P.M. 8 C. OF INJURY A.M. MONTH P.M. 8 C. OF INJURY FACTORY, FARM, E home described abo Accident XON, M.	DAY YEAR 7 19 87 (AT HOME. 7	21c. HOW INJUR Subject 21f. LOCATION STREET 7947 Lans Autopsy X, e X, Hom ADDRESS.	ingeste dale Ro Inspection sicide (SPECIFY) aty Ch	ed drug Dad, B Undeter	CITY OR TOWN altimor Inquiry Commed mann CALEXAMIN	er . ond	IN MY OPI	Maryl nion 8/8	STATE and

THIE NEC. 7, 1912 74 . nr. lant U.S.A. . The state of the Control of the control

The state of the later of the l

. sonstel v. mick. The. baltahoru, lar laung

AUG 10 FIRE C' DEMONTO

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22557

ľ	. UIR	EGISTRAR			CEKITE	ICATE OF DEATH	2	REG. N	10.			
	-	ASED NAME FIRST	ť	MIDDLE E	LIEF	RMANN			8/6	27 87	26 HOU	PM
	3. SEX	-	4. RACE		5. DATE C	DAY YEAR		YEARS LAST BE		MONTHS DAYS		24HRS MINL
L	1	Male	Whi		7	27 1892	9	15	YRS			
ľ	7a. BIRTI	HPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIM	ORE CITY	OR COUNTY	OF DEATH		
1	M	Id.	U. S	6. A.	WIDOWE	DIVORCED [Ba	ltim	ore C			MD.
1	IO. CITY	OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	(TYPE OF WO		OF WORKING LIFE			
L		Balto. /	Franci			Hospital	Reti	red-	Organ	ist &	: Mas	ster
	USUAL I	RESIDENCE (IF NURSING HOME OR TE 136 COUN Md Bal	ITY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET		/ ZIP CODE	Balt Ave.	#272	Md.
t	4 FATH	IER'S NAME	60.			15. MOTHER'S MAIDEN NA		O DC	115011	AVC.	11 6 1 6	- 6 1
1	/		MIDDLE	LAST		First	tna	MIDDLE	- 1	NKNOW		
t	lée WA	S DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT6 709		ADDR		columb		5.0
1	(YES,	NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	220-01-	-5008		Elte				21046	
ľ	11	CAUSE OF DEATH (Enter on	ly one couse per			,				APPRO) BETWEEN	LIMATE INTER	VAI DEATH
ı		PART I. DEATH WAS CAUSE	D BY:		ac	arrest				2) m1	
ŀ	7	399 IMMEDIAT	E CAUSE (o)			Gr , se						
ŀ	1	, ,	DUE TO, O	R AS A CONSEQUE		2021					X d	246
ı		Conditions, if any, which gove rise to immediate	(b)	2	deal	ree wird				_	0 0	
l	-	couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF							7
ı		onderlying coose lost	((c)									
ı		ART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE OR CON	IDITION GIV	EN IN PART 1	10	
	٥											
7	Y 19	a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	OPSY?		, WERE FINDI		
1	=						YES 🗌	NON	YES		NO [
1	0	10. ACCIDENT WAS UNDERLYING	216. TIME O		VE.B	21c HOW INJURY OCCUR	RRED (ENTER	NATURE OF INJU	JRY IN (TEM 18 P)	ART I OR PART 2)		
ı		OR CONTRIBUTING CAUSE OF DEA	CIP .	M. MONTH DA	19							
ı	~ _	Id INJURY OCCURRED	21e. PLACE		19	211 LOCATION						
ı		WHILE NOT WHILE I		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	S	TATE
1		Re. certify that (I) (this haspi	tal Pattended #h	e decensed from	01	19/20 10 81	to	8	27	10 87	that (I)(s	weDrist
1	1	sow the deceased alive on above (I) Live (Idid) did no	8/6	27 19	37° 6	nd that in (my) (our) opinion	death occur	red on the	lote and hour	ond from the	couses sto	oted
ł	27	26. SIGNATURE	2 C			DEGREE			4	22c. DATE	SIGNED	_
J		Nadine I	Stem	er ms		ATTENDING PHYSICIAN (MEDICA DIRECTO	R PHYSI		88	17/8	
1	21	Nache (14PES	B Se	mer r	ns	Francies	Scott	Key	Hospi	61/B	urn l	Init
Ī		RIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY		CATION TY OR TOWN		COUNTY	5	TATE
		Burial	A110 3	1.7987	Loud	lon Pk. Cem.	Ba	alto.			Me	d.
ſ	24FUN	FAURIAN Schwa	ab 51	51 Balto	.Nat	t'l.Pike 25a DA	TE REC'D BY	REGISTRAF	25h REGIST	RAR'S SIGNA	TURE	
I				#2122		5	EP3	1987	111111	Panden.	Kandal	L.

And the second of the second o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE 062128 AUG 10 87 SISTRAR REG. NO. DECEASED NAME MIDDLE 7a DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTI AUGUST 4, 1987 3:30 M CATHERINE ENEY 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEX 4. RACE MONTH AUGUST 25 1930 FEMALE WHITE 56 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY MD WIDOWED DIVORCED 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4306 CLAREWAY HOMEMAKER BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION-GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c CITY OR TOWN 21213 4306 CLAREWAY BALTIMORE YES X NO [] MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FISHER FOARD ROSIE E. CLARENCE ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? COLGATE AVE SHERRY MATNEY 220-24-9500 (DGHTR) 21222 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY: MM IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

236 DATE

8/8/87

71c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR

71e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC)

neosed from

211 LOCATION

STREET

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ENTER NATURE OF INJURY IN ITEM TO PART T OR PART 2

NO

STATE

COUNTY

sow the deceased alive on. obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATUI

NOT WHILE 22a I certify that (I) (this hospital) attended

DEGREE

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN

NAME (TYPE OF PRINT) DENNIS MAC DONALD

. HIGHLAND AVE.

736 NAME OF CEMETERY OR CREMATORY MORELAND MEM PK

77e ADDRESS

23d LOCATION BALTIMORE

MD.

14 FUNERAL HOME INC.

73e BURIAL CREMATION, REMOVAL

BURIAL

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)

00

ö

orked

*

MPORTANT ld be o

MEDICAL

YU duA:

(VR A15 ME (5))

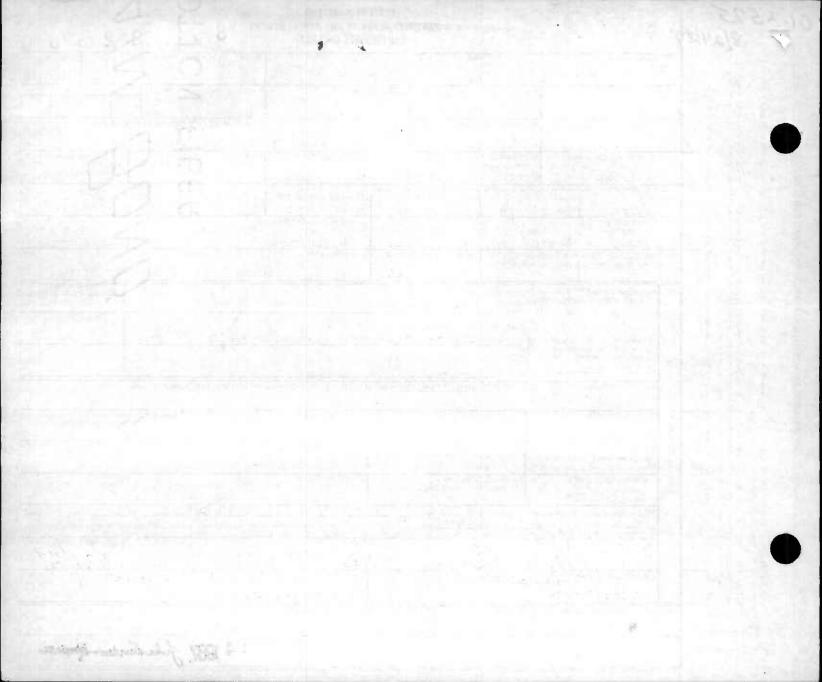
24 FUNERAL DIRECTOR

Balto., Md. State Anatomy Board

1987 TRATILITE SALVISTON

	ISPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mid of the haspital or ottending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, possible despectable of the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after
	Pod	hour
	death	unera
	e e	he fu
201	rs of	by t
021	t hor	d be
IAN	in 24	y fill
ARY	3	olete
E, M	nted	CO L
MOR	e x	ond
ALTI	e pe	ers.
	ifico	NERAL DIRECTOR: After this certificate has been signed by the ottending physicion and com the detached for use as the buriol-transit permit. Then please remove carbangapers. Pages I a
SN	cert	ging
STO	death	ve co
PR	the o	the o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	that	d by
5, 20	ires	gned en ple
ORD	requ	r. The
REC	No.	ermi
TAL	The	nsit p
P V	Phys	fifice litro
NO	HYSIC ding	is cer
VISIO	G Pr	er the
۵	NO	Se o
	TTEN	TOR
	SPITAL OR ATTENDING PHYSICIAN: The Lead by the hospital or attending physician.	Shed
	Al C	AL D
	SPIT d by	NER be

01.3	515		New Certific	cate		STAT	E OF MARYLAND				
06-	8/24/8	71 -	STATE FilmG631	9/14/87j	ab DEPART		HEALTH AND MENTAL HYG	SIENE 8 7	7)	2	
	8/2/10		REGISTRAR		MIDDLE		FICATE OF EZATH	REG. N		La C	200
	e 6 4		CEASED NAME FIRST					20 DATE OF DEATH	MONTH ; DAY		2b HOUR
	oy be	3. SE:	Virgin	1a I	М.	5. DATE	glish	6 AGE (IN YEARS LAST BIR	8 1.	5 87	B: 03 P M
500	dre offer	100			-1-	MONT 7	H DAY YEAR	40	MO	DAYS DAYS	HOURS MIN.
	Page direct hours		Female RTHPLACE (STATE OR FOREIGN	Bla.	WHAT COUNTRY?		01 47	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City		DE DEATH	
	neral n 72 h		S.C.	U.S.		MARRIE	D NEVER MARRIED DIVORCED			MD.	
	offer d		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSINESS OR
1201	E 0 = 1		altimore AL RESIDENCE (IF NURSING HOME (al Hospital	Cook			
MARYLAND 2120	in 24 hou ly filled in should be	130. 9	STATE 13b COL	INTY Limore	Baltimo	/N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e.STREET ADDRESS		Road	1229
RYL	主 44	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	11.7	LAS1	T
MA	omple ond	_	John Dav		tgomery,		Wilhelmena		100	Char	les
BALTIMORE,	Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	ADDRE			
MITI	D 0 10 0 1				212-52-7		Hospital Rec	ords 3001 S	. Hano		
	physici physici novol. vent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line for (o), (b), or Hypernepl	aroma				BETWEEN C	MATE INTERVAL ONSET AND DEATH
PRESTON ST.,	rent rent rent rent rent rent rent rent		DUE TO, OR AS A CONSEQUENCE OF								
STO	death ottend ove co tion, o		Conditions, if ony, which ((b) With metastases to liver and brain								
	the de removi		gove rise to immediate couse (a), stating the	, , _	R AS A CONSEQU						
W [that d by ease al, cr rr ath		underlying couse lost.	(c)							
DIVISION OF VITAL RECORDS, 201 W.	signed hen ple to buris	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
ORC	- x 2	CERTIFICATION	19a DATE OF OPERATION	TIPL COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tab IF YES V	WERE FINDIN	ICS LISED
L REC	The low retion. The low the hos be retired to the hos be retired to the host permitted	FIG	_	1/2 00110		-	TO TEN ONNED	YES TO NOTE	IN CERTIFYIN	NG CAUSES	OF DEATH?
/ITA	N: The species of the	CER.	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR			T I OR PART 2)	110 []
9	IYSICIAN: TH ding physicic s certificate burial-transit Mental Hygis or Item 18 sha	CAL	OR CONTRIBUTING CAUSE OF D	CAIN		AY YEAR		-			
NOIS	PHYS ending this of the bur d And Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	FARM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
SIVIS	offer of the on the orked	2	AT WORK NOT WHILE AT WORK		-			_			
	S T S T S T S T S T S T S T S T S T S T		22a.1 certify that (I) (this has sow the deceased of	pital offended th	e deceosed from	07	igust , 19 87				that (I) (we) lost
	ATTI ospit ECTC id for it. of m 21		obove, (I) (we) (did) did 22b. SIGNATURE	of mew the bibly	ofter death.		nd that in (my) (our) opinion	death occurred on the de	ofe and hour o		
	the hos L DIREC Toched e Dept.		III. SIGNATURE	10/1/8	D		ATTENDING	MEDICAL STA	FF TZ	0/2	0/11
	by by by Stoth	1	22d. PHYSICIAN'S	Carples Lab	Y	-		South Hanov		0/0	18/
	TO HOSPITAL of the cetoined by the TO FUNERAL (Should be deto with the Store (IMPORTANT: If		Alfred Klei	6			Baltimore,		21230	CCC	
	TO HO Should with the IMPO		BURIAL, CREMATION, REMOVA		23ε.	NAME OF (EMETERY OR CREMATORY	23d. LOCATION			
	BP	1	Surial	8-2-	87 Mt	.Zior	Cemetery	Baltimo		rvland	STATE
	DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR				25a. D.4H	E PEGD. BY REGISTRAR			HRE
	(VRA 15, 4)		NAME Oden & Gi	bson, Ba	Itimore,	Mary	and	HO/"	June 100	A done -	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	1.	STATE REGISTRAR		DEPAI	CERTIF	ICATE OF DEATH	REG. N	2 0	6	
3 8 9 2 AUG		CEASED NAME FIRS	_	MIDDLE	E	NNIS	20. DATE OF DEATH	MONIH E	L 1987	26 HOUR JA
P 2 3	2. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 H
1 2 2 2	200	LE	BLAC	IK	4	7 1934	53	YRS		1.00.0
# 100		RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	75 CITIZEN OF	MHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED XX	9 BALTIMORE CITY OF			
and the same		LTIMORE	11. NAME OF (IF NOT IN SU JOHN	HOSPITAL, NUR CHEACILITY, GIVE STR DEAT ON	SING HOME C	L CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST CUSTODIAN			F BUSINESS
1775	13a. S	AL RESIDENCE (IF NURSING HOSTATE 13b. (OME OR OTHER INSTITUTION	GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES NO	13 SIREET ADDRESS	ZIP CODE	d	124
	14. E/	THER'S NAME CHARLES	S MIDDLE	enni	S	IS. MOTHER'S MAIDEN NA GEORGAI	NNA		SSAC LAS	iT.
	16a \	VAS DECEASED EVER IN U.	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	216-26-		FRANCIS JAC	everna Pærk KSON, Jr. 1			9.
een signed by the til Their please re- to to buriol, crem ty industy, or other	ATION	couse (a), stating the underlying cause los PART 2 OTHER SIGNIFICA	(c)ANT CONDITIONS C		O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON		EN IN PART 11	/
The law	HE		441		CHOPERATIO	TRU PAGE	YES NO	IN CERTIFY	YING CAUSES	
SECIAN of physic certificat unalition femial tryc	ICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
Aher his out he had a head a h	MEDIC	21d INJURY OCCURRED	AT HOME ST	OF INJURY REET, FACTORY, OFFIC		21f LOCATION STREET	CITY OR IC)WN	COUNTY	STATE
ALOR ATTENDS The keppital of ALORECTOR V Selected for use Selected for use Till frem 21 is m	1 2 2 2	220.1 certify that (I) (this saw the deceased alignment, (I) (we) (did (did 22b SIGNATURE			85 or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [deoth accurred an the d	FF al	and from the	
on HOSPIT or FUNER thould be with the 5th		William	C. Co	ngers		120 S. Greene				
BP		BURIAL, CREMATION, REMO PRIAL	236 DATE 8-20-			EMETERY OR CREMATORY ER HILL CEME	23d. LOCATION CITTOR TOWN ROUND	Bay	A.A. 1	larylan

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLTAM REESE & SONS MORTUARY, P.A.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etoined by the hospital or offending physicion.

BP

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	8	REG. N	١٥.	2	2	6	6	n
E C)F C	EATH	MONTH	DAY	VEAR	2b	HOUR	-

	CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ITYP	JOSE J	06 6.	ERTEL		8 15 87 10 AM
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BE	
	MALE	CAUCASIAN	MARCH 23 190	0 87	YRS MONTHS DAYS HOURS MIN.
	SIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY	OR COUNTY OF DEATH
	UNKNOWN	UNITED STATES	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BAHMOR	E Civy MD.
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS {IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	
2	Attemore City	DEATON HOSP. 47	red. CENTER- DOUT	C STEELWOTS	KER FACTORY
	JAL RESIDENCE (IF NUTSING HOME OF STATE 13b, COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 131, CITY OR TO FARLWOSE PASADE		13. STREET ADDRESS 2275 L	/ ZIP CODE 9KE DR. 21/22
ME	ATHER'S NAME VALENT	MINE LAST	15 MOTHER'S MAIDEN	NAME	TAST
H	(WHINGLY)	Y) ERTE		MARGARET	NUESSBIN
		MED FORCES? 166. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDR	ESS
de la constitución de la constit	No -	213 07	5994 SOSEVH DI	LANGER	(BAIME AS 13A-E)
		nly one cause per line for (g), (b), c	and icit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (b)	ration on	reumon	a few his
		DUE TO, OR AS A CONSEQ	UENCE OF A	,	- 1
	Conditions, if ony, which	(1b)	Pereleiovas	cular al	cident 5 WSS
	gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
	underlying couse lost.	(c)			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
IFIC				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
ERI	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJ	
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
ME	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFFICE		CITY OR TO	OWN COUNTY STATE
	AT WORK AT WORK	ital) attended the deceased from	S/20 19	20 - 0/10	100 9 about the (110) look
	sow the deceased alive ar	2/15 19		nion death accurred on the c	date and hour and from the causes stated
	obove, (I) (we) (did) (did no	ot) view the body after death.	DEGREE		22c. DATE SIGNED
	Aska	utomen	AUENDIN PHYSICIA	MEDICAL STA	AFF
1	224 PHYSICIAN'S NAME (TYPE	OR PRIN (22e ADDRESS	1 + 1 T	The America
	RANIS	: KARIPINI	EN) 200 HO	Andal D.	100 genomica
23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATO	DRY 23d LOCATION	2
	(SPECIFY) BURIAL	8-18-87 1	INK LAWN CEMEN	BALTIME	RE BALTER MD.
24. F	UNERAL DIRECTOR	256//			R 256 REGISTRAR'S SIGNATURE

320 MOUNTMIN RO 150. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PASADENA MD 21122 AUG 20 1087

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove carbompapers with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, or other froumotic event,

IMPORTANT. If them 21 is morked or them 18 shows any

(VRA 1S, 4)

A STATE OF THE PARTY OF THE PAR

Base of the second and the first the second second second

The state of the s

STATE OF MARYLAND

10 70 112

		Item 5, 6, po	r/inf. S	TATE OF MARYLAND		
	.1.	STATE 9-22-87 W	DEPARTMENT	OF HEALTH AND MENTAL HY	GENE / 2	2004
4 AUG	12	GISTRAR film G631	CER	TIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	
	1100	James	, t	vans	8	8 87 3:00 pm
	3. SEX		RACE 5. DA	TE OF BIRTH 1910	& AGE (IN YEARS LAST BIRTHDAY	
	1	Male	Black	ONTH 6 DAY 6 YEAR 1980	77 87	YRS. MONTHS DATS HOURS MIN.
17		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
-		A/A. I		OWED DIVORCED	Battimor	e City MD.
00	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION	126. MIND OF BUSINESS OR
U	B	altimore 1	Mt. Vernon Care		TIPE OF WORK FOR MOST OF WO	KING DEL TINDOSTRI
2	USUA	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	(13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
9	M	14.	Battimore	YES NO		pleton St. 21217
2	14 FA	THER'S NAME FIRST MIDE	DLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
C,	0					
		VAS DECEASED EVER IN U.S. ARMEL		O. 17 INFORMANT	ADDRESS	1 1
П		nknown	232-16-073	8 Johnnie 1	MAE Add, 30	w 1630 Hornester
ļ		18 CAUSE OF DEATH (Enter only o	ine cause per line far (a), (b), and (c)	40 ==		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PART I. DEATH WAS CAUSED B'		1. 1		
		WWW.EDWITE C	DUE TO, OR AS A CONSEQUENCE O	ne A		
		Canditians, if any, which	180	V		
	13	gave rise to immediate cause ia stating the	DUE TO OR AS A CONSEQUENCE			
1		underlying cause last	DUE TO, OR AS A CONSEQUENCE	my fele	mi	
	-	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110
-	CERTIFICATION					
2	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20h	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	£				YES NO	YES NO
3	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YI	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART ?)
1	Z	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		19		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	Z	NOT WHILE	TAL HOME STREET, PACTORY, OFFICE FARM ETC	3,000		
		220.1 certify that (I) (this haspital)	attended the deceased fram			19.87 , that (1 (we) last
		saw the deceased alive an	8/5 1987	, and that in (my) (aur) apinior	death accurred on the date o	ind haur and from the causes stated
	1.5	abave, (1) (we) (did) (did nat) vi	lew the body after death	DEGREE		22c DATE SIGNED
		All	rally	ATTENDING	MEDICAL STAFF	8/10/87
		22d PHYSICIAN'S NAME ITYPE OR	niti	27e ADDRESS	DIRECTOR PHYSICIAN	0/10/8/
					10 0010 0117	A UD 01007
_	-	ASHOK K. CHATTER			LIS ROAD, BALTO	0., MD. 21227
		BURIAL, CREMATION, REMOVAL	8/11/01/	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
	24 5	JNERAL DIRECTOR	3119181 EAS	TVIEW MEN Y	TERECID BY REGISTRAR 2.0	DECISTRADIS SIGNAMAIDE.
84	I A	DINERAL DIRECTOR	ADDRESS, A	NNAPOLIS, DOGAN	6 1 1 1017 90	Levidor Property
		LARGE, I. JOHN	s 8-21 WEST M	TARYTAM.	201	7,

and the second of the second o

000700	1-	Item 13 E.	, –		F MARYLAND	WGIENE 2 2	665
062733 AI	G. DE	CEASED NAME FIRST	MEDICA		LAST	20 DATE KNOWN	X MONTH DAY YEAR 126 HOUS
32 55 55 FF.	(TAI		ROY	EVA	NS	OF ESTI-	8-9-87 19
PLEASE ECTOR. P FILES. HOURS STREET,	3 SE		S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS		24 HRS. 2c. DATE	MONTH DAY YEAR 28 HOU
ARY. L DIR YOUR	12	ale Black	9 5 37	24 G/RS.	DATO MOOKS	DEAD	8-9-87 19 5:01
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS N. PRESTON STREET,		REIGN COUNTRY)	L SA	W	ARRIED NEVER MARR	HED 📙	OR COUNTY OF DEATH
	10. €	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME, OR		120 USUAL OCCUPATION (T)	
		Baltimore	University	Hospital		FOR MOST OF WORKING LIFE)	OK INDUSTRY
AND 3 TO AND 3 TO BE AIN HOULD BE PECKED BY PE	13a S	AL RESIDENCE (IF IN NURSING HOME OR TATE) 1134 COLINE	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	1 E Ave. 2121
SECTION 2.	14. F	Scores)	D 2	E was	15 MOTHER'S MAID	ETHAME Mode	Jimma)
ALTIMO AFTER D SINE PAGES IL MSPON O	She.'S	VAS DECEASED WER IN U.S. ARM	ED PORCES?	OCIAL SECURITY NO.	18 Miggy	il Calloway (w Bef 2124
ON ST., B. A HOURS FEM 18, G ONG WIT FRAMT P RENE, DIV		PART I DEATH WAS CAUSED	one cause per line for (o). BY: CAUSE (o) Multi		es	MAC D	APPEGENATE INTERVAL ARTHEN CHART AND DEATH
PRESTO ITH-IN 2 CIL IN 12 MER ALI MANSIT P AL HYG PREMOV	1	Conditions if any, which gave rise to immediate	DUE TO, OR AS A CO	ONSEQUENCE OF		APINT.	1
CUTED W. IN PER MINISTRE EXAMINISTRE EXAMI		(a) storing the under lying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF		1 38. E	
RECORDS D BE DEC PENDING MEDICAL NASA BUI CREMATI	,	PART 2 OTHER SIGNIFICANT COMBITIONS CO	NTEIBUTING TO DEATH BUT NOT BY	ELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PA	AT T io	
- CALL SALE	100	19s. DATE OF OPERATION. THE CONDITION FOR WHICH OPERATION WAS FERFORMED?					
HALL CHEP COFFE OFFE OFFE	CERTIFICATION			M. WHICH OF EARTH	THE PENTANCE		78 AUTOPSY7
DIVISION OF VITAL RE SCERFICATE SHOULD RITING THE WORD "THE RDED TO THE CHIEF W 22 SHOULD BE USED AS 22 SHOULD BE USED AS 23 SHOULD BE USED AS 24 SHOULD BE USED AS 25 SHOULD BE USED AS		214 EXTERNAL CAUSE WAS	TIL TIME OF INJURY HOUR A.M. MOND	H DAY YEAR		D. TENSER HYDRE ON HYDRY BY LLEW IS	FART (DEPART 2)
SHOUTH BART	MEDICAL	CONTRIBUTING CAUSE OF DE	71t PLACE OF INJUI		subject fe.	ll from a 2 sto	ory dwelling roof
■ 売売品の出別 □	ME	WHILE AT WORK AT WORK	ATMENT WATTONS CARA-	CHE)	118661	e Avenue Bal	timore, Maryland
ATE, V ORWA ORWA OF 212		22s. I certify that I took charge		bove, held on A	mapsy X Inspecto		nd in my agamen
MAIN THE THE THE THE THE THE THE THE THE THE	1	death resulted from Natura	courses Acciden	t X Suicide	. Homicide .	Undetermined monner	
TO MEDICAL EXAMINES EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR FACE BOLING BE FOR BALTIMORE, MARYLAND		ACTUAL SIGNATURE	or Mec	K.01	TITLE (SPECIFY) - M.D. Assista	T MEDICAL EXAMINER	DATE SIGNED 8-10-87
NEW STATE	1) INCOM			SIGNED 0 10 07
A SA	-		Margarita A.			11 Penn Street	
07/84 BP	23a.B	URIAL, CREMATION, REMOVAL 231	PATE 17,87 230	MANE OF CMETE	S OF CREMATORY	23d LOCALES	men!
25M DHMH - 17 (VR A15 ME (5))	34.6	Telethy 2	3 Proplace	Breken	AUL AUL		SISTRAR'S SIGNATURE

192 ST JUN -

1630 EDMONDSON AVE. CATONSVILLE, MD 21228

(VRA 15, 4)

ulia Diridon-Rondoga

ATTENDING PHYSICIAN. The low

0637

STATE OF MARYLAND

DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE	OF DEATH

100.50		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	. 2	2660
BUA	26	SED NAME	Ruth	Lenora	Fa	airall	August	-) -	3-87 10 7
	3 SEX	FEMAL	5	WHITE	5 D.H .	-28-1911	6 AGE IN YEARS LAST BIRT	YRS	NDER 1 YEAR IF UNDER 21 HR
35		Howard (0.	U.S.A.	WIDOWE		BALLIMORE CITY OF	RE C	ity,
10	B	ALTMOT	re.	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		ANOR	"Homemake"	MORKING LIFE)	Own Home
到	13a. S	VID.	13b COUNTY A A	13c CITY OR TO		13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS / 93 Moor		21012
2	K	ODERT	A NIC	5 PECH		15. MOTHER'S MAIDEN NA	MIDGLE		rengle
med	16a V	AS DECEASED EVI ES NO OR UNKNOWN) NO	ER IN U.S. ARME		3-7965	Howard L.	Muhl. Jr.	Star	ley Dr. Md
event, th		PART I. DEATH	WAS CAUSED I	1 10/4/	ortun	istic Inc	ctun		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ther traumatic		Conditions, if a gave rise to i couse (a), sta	mmediate ting the	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUT	unel	Immune De	frency S	yn.	3 mos.
lury, ar a	Z	PART 2 OTHER SI	GNIFICANT CO	((c)	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART Ita
	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDITION FOR WHI	CH OPERATIC	ON WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO
		Pla ACCIDENT WAS I	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART?)
orked or	MEDICAL	214 INJURY OCCU	VHILE ORK	21e. PLACE OF INJURY LAT HOME. STREET, FACTORY, OFFI	CE. FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN .	COUNTY STATE
em 21 is mo		saw, the dece	ased alive on	yiew the body after death.	07	nd that in (my) (aur) apinion DEGREE	death accurred on the do	te and have ar	that [1] (we) lid from the causes stated
ANT: #		22d PHYSICIAN'S		nzalan	,	ATTENDING PHYSICIAN [MEDICAL STAF		8/13/87
IMPORTANT	720 0	URIAL, CREMATIO	ME F	UNZALAL 23b. DATE 12)	5214 for CREMATORY	1236 LOCATION	eto. M.	8.21214
	d	rematio		140		ity Process	CITY OR TOWN	_	alt. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR

Singleton Funeral Home Glen Burnie, MUG 25 1987 I am well dear my parties TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

etoined by the hospital or attending physician.

BP

63688

moy be

thin 24 hours ofter death. Page

the funeral director, page 3

	STATE OF MARYLAND
2	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TE SISTRAR	CERTIFICATE OF DEATH?

25	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 2 2 5	6 8		
23	1. DE	CEASED NAME FIRST	MIDDLE	L,	AST .	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR		
	(TYP	JUNE JUNE	BERNICE	FALIS	SE	AUGUST 20, 198	87 9:15A		
200	3. SE	x	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI		
		FEMALE	WHITE	MONTH O1	- 08 - 29	58 YRS	MONTHS DAYS HOURS ME		
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	IRY?	NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY OF DEATH			
2		ALTIMORE, MD	U.S.A.	WIDOWE		BALTIMORE CITY	Y		
70	100	BALTIMORE	11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S' THE JOH	TREET ADDRESS)	INS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLERK	12b. KIND OF BUSINESS INDUSTRY GROCERY		
100	USU	AL RESIDENCE (IF NURSING HOME C	PROTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)					
35 1		MARYLAND CAF	RROLL WOODB		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO			
-	-	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
M	1	JOHN	E. BEL		HILDA	MIDDLF	1.451		
8		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	1428 HOODS 1	MILL DOYD		
Dell	1	YES, NO OR UNKNOWN) IF YES, G	TVE WAR OR DATES)		Frank Falise		ARYLAND 21797		
2	F		only one couse per line for (o), (b)	n and ici i	TIGHK TGILDE	HOODDING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
, and a second		PART I. DEATH WAS CAUS	ED BY ATE CAUSE (0) RESPIR	PATORY	AMPREST		30 MINS		
ilory, or our	N.	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	TO DEATH BUT		LINAL DISEASE OR CONDITION C	SIVEN IN PART ITO		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO		
7	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PARTIOR PART 2)		
0	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
Z 1 15 mors	13	22a.1 certify that (1) (this has	n AMSUL TO See the body after death	rom MUMM	nd that in (my) (our) opinion	to WGUSI 20 death occurred on the date and h	19 St., tho (M(we)		
# # # # # # # # # # # # # # # # # # #		22b. SIGNATUIL II	3 Ruhin	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 87		
T A A		ERIC B.	LIEBERMAN		600 NIW	OLFE ST BALT	MORS MD 2121		
	23a	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	08-24-87		AWN CEMETERY	MARRIOTSVILL	E HOWARD MD		
7/84		UNERAL DIRECTOR	4000	2249		E REC'D. BY REGISTRAR 256 REG	- 4 44 4		
7/84			L HOME P.O. BOX	X 195 S	YKESVILLEAUG	2 4 1987 Ain d	Teridor Rudalla		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and as should be detached for use as the buriol-transit permit. Then please remove carbon papers. Peges with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. In MADRIANI: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical contractions are supported to the property of the medical contractions.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

G	19-	FOR STATE RFGISTRAR		DEPARTN	MENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HEG	-	2 2 G. NO.	0 6	
	1 DEC	GEASED NAME FIRST	-	MIDDLE	£.	AST		20 DATE OF DEA		DAY YEAR	2h HOUR
	(TYPE	GRACE GRACE	-	7	FAR	LEY		8 7 8	7		5:30pm
	3. SE)		4 RACE		S. DATE C	OF BIRTH		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
]	Female	Black		6 6	A DAY	30	47	YRS	MONTHS DATS	HOURS MIN.
1	76 BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED T	9 BALTIMORE C	ITY OR COUNT	TY OF DEATH	
2	1	Virginia	USA		WIDOWE	DIX DIV	ORCED	Baltim	ore		MD
19	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL OCC	UPATION		OF BUSINESS OR
1		altimore /	No. Ch	arles G	ener	al Hos	pital	Homema	ker		
3	130. S Mai	AL RESIDENCE IF NURSING HOME OF STATE 136 COUI TYLAN THER'S NAME		Aberde	N	13d. INSIDE CIT YES [X]	NO 🗌	13e STREET ADDR	on Str		1001
21		Sterling	WIDDLE	Bailey		F	izabe	MID	DLE	Bail	\$1
n	Har V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI	RITY NO.	17 INFORMAN			ADDRESS	Dall	У
V	{ }	NO (IF YES, GI	VE WAR OR DATES)	224-48	_7478	R Fran	risra	Farley	Sam	e as a	hove
2	CERTIFICATION									3.	NGS USED
	ERTIF	210, ACCIDENT WAS UNDERLYING	7 21b. TIME O	F INJURY		21c HOW INJ	URY OCCURE	YES NO		PART OR PART 2)	NO 🗆
1		OR CONTRIBUTING CAUSE OF DE	AIR .	M. MONTH DA M.	Y YEAR	E CO					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION	7	CITY	ORTOWN	COUNTY	STATE
Í		220.1 certify that (1) this hosp sow the deceased alive or above, (1) (we) did) did no	817	19_6			, 19 ET	death accurred on	the date and ha	our and from the	
		But C	Bine	ly		PI	TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	224 DATE	SIGNED
		Brent C. f	Birely			N-C	harles		Hospi	tal	
	230 B	iurial, cremation, removal specify) Burial				EMETERY OR CE		23d. LOCATION	WN	COUNTY	STATE
		JNERAL DIRECTOR	8/11/	8/ [Arl	ingto	on Nat.	Cem.	Arlingt	IRAR Sh. REGIS	ington	Va.
4		rring Funeral	Home.PA.	Aberdeen.	Md. 21	1001-339	ALII	1 1 1987	¿ ulia d	Jesiden R	i dall

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

DHMH - 16 60M 7 (VRA 15, 4)

162455 AUG 12 87 FOR REGISTRAI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. I	1 0.	2	2	6	7	
EDEATH	MONTH	DAY	VEAD	21. 4	LOUB	-

	REGISTRAR				REG. NO		
	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(146)	DAVID	M	. Inulk	5		8/10/87	1 CUA.
3. SE		14 RACE	S DATE OF BIRTH	-	AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YE	AR IF UNDER 24 HRS
	$\wedge \wedge$	Qluok	MONTH DAY	YEAR	0	MONTHS DAT	YS HOURS MIN.
1	101	Bund	12 23	01	47	YRS	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER N	ARRIED -	BALTIMORE CITY O	COUNTY OF DEATH	
/	ILISA	1) C A-		ORCED	13	coh	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE		ITUTION	20 USUAL OCCUPATION		O OF BUSINESS OR
	2ATTIMARIZ	UF NOT IN SUCH FACILITY, GIVE ST	NURSING-	HOME	(TYPE OF WORK FOR MOST O	WORKING LIFE)	RY
J (15)	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION OWE RESIDENCE BE	4_	Lin tpl		1	1017
	STATE 136 COUNTY			TY LIMITS?	3. STREET ADDRESS	ZIP CODE	100
4	MU BA	LIIMUKE BA	YES EX	NO 🗌	11021	TARKEM	TIVE
14. F/	ATHER'S NAME	MIDDLE / LAST	15 MOTHER'S	MAIDEN NAM	E MIDDLE		LAST
1	LINKNOW		WN.	RNDU	UN		170
		RMED FORCES? 166. SOCIALS	ECURITY NO. 17 INFORMA	NT	ADDRE	SS	01 08
100	(IF YES GI	VE WAR OR DATES! 116-41	1-0895-De	otro V	w 529 1	15-6115	5. Clim-128
14	pr. lux	* ATIV 10	00/1	4 101 10	a. dia	1 APPR	SOXIMATE INTERVAL
1	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b)	, and ici,i		7 4	BETWE	EN ONSET AND DEATH
		TE CAUSE (a)	(10 vo mar	m	taller	(e)	
	F-957-920-1-15	DUE TO, OR AS A CONSE	QUENCE OF		1	100	
	Conditions, if any, which	(b) COTE	1 DILLA DAL	51 11	imal .	·XX	
1	gave rise to immediate		T. I. C. I. V.	V	V		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF IN		· wirely		
1		(c)	0 3 P VI	O'LING O	111001		
2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART	lia
- 8	them	.U.					
15	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFO	RMED	200 AUTOPSY?	106 IF YES, WERE FINE	
4.≣	Carry Control of the				YES NOW	YES	NO 🗌
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	7]
6	OR CONTRIBUTING CAUSE OF DE						
MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATIO	N			
NA.		AT HOME STREET FACTORY, OFF			CITY OR TO	VN COUNTY	STATE
16	WHILE NOT WHILE AT WORK						
1	22a I certify that (I) (this hasp	ital) attended the deceased fro	ım	. 19	_, ta		_, that (It (we) last
	saw the deceased alive an	at) view the bady after death.	9, and that in (my)	(aur) apinian de	eath accurred an the do	te and have and from t	the causes stated
1	22b. SIGNATURE	it view the bady after deam.	A DEGREE			22c. DA	ATE SIGNED
	LIAND	1200 001	110 A	TTENDING _	MEDICAL STAF		11/11/
-	201 DUVCICIANICALANE	Much	The state of the s		DIRECTOR PHYSIC	IANA 8	10/8 +
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRES	1011		-A 211	T 1102
	DVICTATO	2L 1/A-2	AM 300	15.1	uno ver	81,1790	14/2/2123
230	BURIAL, CREMATION, REMOVAL	736.DATE /	31. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION	1	4 4 4
	(SPECIFY)	8/14/80	17 Z 120	E	STITY OR TOPS	Coloriv	LIAT
74 F	UNERAL DIRECTOR	7/1/0/		250 DATE	REC'D. BY REGISTRAR	SH REGISTRAP'S SIGN	PIDE -
1	NAME OF THE OR	AMIA I A DORG	9.110	ALIO	A A REGISTRAN	Win Dander	Appletes
11	1 von Carroll	1712-14 XX	forth we	AUG	1 1 1087	CO 100 D 100 (100)	

----- p)

11 -11 A

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP

Wm. C. March F/H West 4300 Wallash Avenue

Owings

Mills

Forest Vet

AUS 3 . 887 July 274 Caller

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

062377

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

53	*				
0		2	7	1	
. 28	REG. NO.	60	lan	0	

AU	G TATELAR		CERTIF	ICATE OF DEATH	REG. NO	22672
	DECEASED NAME . FIRST YPE OR PRINT) ROBERT	→MIDD		ELTER .	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 8
3	Ma/E	Whi 7	S. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS MIN.
1	Washington D.C.	CITIZEN OF WH	. MARRIE		9. BALTIMORE CITY O	R COUNTY OF DEATH O. City MD.
1	Baltimore	DEA FM		a dical CENTER	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Salesman	
13	STATEM d. 13b COUN		E RESIDENCE BEFORE ADMISSION) Barto	YES NO		ZIP CODE and Stal
1	FATHER'S NAME FIRST UNKNOWN	AIDDLE 7	telten	Catherine	MIDDLE	Woods
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	1414 P. OD D . YES:	219-30-6149	Robert M. Fe	ADDRE	Popland Street
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line) BY: CAUSE (a)	e for (a), (b), and (c).) METASTANC	LUNG	CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COURTS CO	DUE TO, OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or conf	DITION GIVEN IN PART TIO
CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CER	OR COLUMNIA COLUMN OF CHILD	P.M. 21e. PLACE OF	MONTH DAY YEAR 19 INJURY	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I ORPART 2)
×	WHILE NOT WHILE AT WORK 220. certify that (1) (this hospite		FACTORY, OFFICE, FARM, ETC.)	STREET 10 %	to Superior	wn COUNTY STATE
	sow the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE	84	er death.	, , ,	MEDICAL STAF	ste and hour and from the causes stated 270 DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR			22e ADDRESS	1	
	ENY 2.	HER	QM H2	DEVENS	Hosenn	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept; of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or them 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

BP.

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

AUG 07

AUG 0.7

0638\$ \$ AUG

STATE OF MARYLAND

	1	- STATE REGISTRAR	DEFARIM	CERTIFICATE OF DEATH	REG. NO.	1 3
G 20	LIYP	CEASED NAME FIRST	MIDDLE F.	ENNER	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 87 11 AM
	3:56	FEMALE	BLACIC	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
17	10	ORTH CAROLINA	U.S.A.	MARRIED XXXEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	
2101	5	BATTMORE	1. NAME OF HOSPITAL, NURSING	SCOTTICEY	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
21	13a. M	AL RESIDENCE (IF NURSING HOME OR O STATE ARYLAND		YES NO NO	130 STREET ADDRESS / ZIP CODE 5 200 E MITTER	G, BALT, MD
19	1	ATHER'S NAME FIRST NED	WINSTEA		MIDDLE EDWARDS	LAST
Double /		VAS DECEASED EVER IN U.S. ARM VKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECUR 242-14-62		lto., Ndv 231 209 N. Bethel St.	
notic estat. It		PART I. DE ATH WAS CAUSED IMMEDIATE	DUE TO, OR TO ISEQUE	SPIRATORY AR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other trou		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQUE		MESOTIES PA	1 HOUR
nlory, a	NOI		ONDITIONS CONTRIBUTING TO D	DITEASE, SIPMU		IN PART 110
duo san	CERTIFICATION	190 DATE OF OPERATION 8/21/87	GANGREN	OPERATION WAS PERFORMED NE D FOOT		WERE FINDINGS USED NG CAUSES OF DEATH?
tem 18 s	2.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.		RED (ENTER NATURE OF INJURY IN ITEM TO PAR	I I OR PART 2)
rkedar	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased allow above, (I) (we)		and that in (my) (our) opinion of	, to ACC- 21, 19 death occurred on the date and hour o	mai (ii (we)iosi
ZT: # #en		THE SIGNATURE	d		MEDICAL STAFF DIRECTOR PHYSICIAN	8/21/87
APORTANI		STEVEN	V AHEEVOT	22e ADDRESS	+ HOSPINAL, BAG	Timere, mD
4		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the busiol-transit permit. Then please remove carbon pages, with the State Dept of Health and Mental Hygiene prior ta buriol, crematian, or removal.

retained by the hospital ar ottending physician.

BP.

Annapolis, Md. 21401

24 FUNERAL DIRECTOR Annapolis, Md. 214
NAME
WILLIAM REESE & SONS MORTUARY,

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

5 1987 Julia Dicitor Robbit

164146	FOR AUG 31 HAZITRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	AL HYGIENE
t de pe	1 DECEASED NAME	FSTAN	MIDDLE	I NWICK	2a. D

22674

1 TO NO	1-00						REG. NO. 18	76 6	
eo be pe		EORPRINT) EST	ON P.	TEN	WICK		20. DATE OF DEATH MONTH	23 87	1:45 PM
ge 4 mo	3 SE	× F	Caucoslan	5. DATE OF I		895	6 AGE (IN YEARS LAST BIRTHDAY) 92 YRS	MONINS DAYS	IF UNDER 24 HRS. HOURS MIN.
deoin. Po	k	ENTUCKY	V.S.	MARRIED (NEVER MARE	RIED 📙	BALTIMORE CITY OR COUNTY		MD.
offer offer	L	BALT MORE	11. NAME OF HOSPITAL, NURSIN I IF NOT IN SUCH FACILITY, GIVE STREET, MASON F. LORD		OTHER INSTITUT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 17b. KIND C	OF BUSINESS OR
in 24 hou	1,la			ove 13	INSIDE CITY L		13e.STREET ADDRESS / ZIP CO	es w.	1205
and with	1	ATHER'S NAME	MIDDLE FERKI	NS		LIDEN NAMI	MIDDLE	ବର	do do
be executed and a second		WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU		ICKY I	HENR	ADDRESS RY 2309 LIN	UCOLN	21219 AVE.
physical emovol.	7	PART I. DEATH WAS CAUSE	aly ane cause per line for (a), (b), and	lic I	ARREST	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
death ce ottending ove corbition, or r aumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	MAR P	HEUMON	J IA		3w	e.Ks
lby the cose remo		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF ATTON				3w	eeks
n signed Then ple r to bung	NO NO	PART 2 OTHER SIGNIFICANT OF	. 1	DEATH BUT NO	T RELATED TO	THE TERMIN	nal disease or condition G	IVEN IN PART TO	a
on. has bee t permit. ene prio	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORME	D	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
g physicial phys	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	It. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)	
ottending cer this case the burn ond Medor the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	ARM ETC)	II. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN putal or TOR Afforuse of afforuse of affects afforuse of		22a.1 certify that (1) (this haspi	ottended the deceosed from	2000	hat in (my) Our	9 <u>84</u> Opinion de	to 08/23		that (I) we lost
the hos the hos at DIRECted of the Dept. T. If them		276. SIGNATURO POLO		MD9G	Y2 ATTEN	NDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE 08/2	SIGNED
etoined by to FUNERAL should be defined the State with the State MAPORTANT:		22d. PHYSICIAN'S NIME (PEO	OR PRINT)	2	e ADDRESS		T KEY MED CEN	ITER. P	EPT. OF
BP	23a I	BURIAL, CREMATION, REMOVAL SPECIETY BURIAL	236. DATE 236 N	AME OF CEM	ETERY OR CREM		23d LOCATION CITY OR TOWN	3 A I TO	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR	UNERAL HOME	1	NDALK		REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNAL	URE

Colores Services

August Sant

064799 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND IMPORTANT: If them 21 is marked TO FUNERAL DIRECTOR:

SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - 5	FOR STATE REGISTRAR		DEPARTMENT OF H	IEALTH AND MENTA	AL HAGIENE	2 REG. NO	26	7 5	
		ASED NAME FIRST	MIDDL	E	LAST	20 D		ONTH DAY	YEAR	25 HOUR
	I TYPE OR	JASON	TAN	FET	TERS	A	UGUST 30,	1987		1205PM
	3. SEX		4. RACE	5. DATE C	OF BIRTH		E (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
		Male	White	5 MONT			.1	YRS	IMS DAYS	HOURS MIN
9		HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIE	9 BAI	TIMORE CITY OR	COUNTY OF	DEATH	100
1		Canada	U.S.A.	WIDOWE		_ D	ALTIMORE	CITY		MD.
2	5	OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) NS HOPKINS H			SUAL OCCUPATION OF WORK FOR MOST OF 1		126 KIND OF INDUSTRY	BUSINESS OR
	USUAL 130. STA	RESIDENCE (IF NURSING HOME OF ATE Md. 13b, COUN Mont	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	1 13d. INSIDE CITY LIM	1241	REET ADDRESS / L		20904 LAST	
a	R		_	etters	Karen		Lynn	5	Short	
2		S DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT			S Loft I		
-	(YES.	No No	E WAR OR DATES!		Richard	W. Fett				d.20904
	18	8 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	E CAUSE (0) CA	for (a), (b), and (c).) Alopulma A CONSEQUENCE OF	my arse	st	, ,		APPROXIM BETWEEN OI	ATE INTERVAL NSET AND DEATH
	P	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS	gan failu a consequence of current h RIBUTING TO DEATH BUT	ne liver		Cercingy Session Condi	TION GIVEN I	8 mi	inths
1	CERTIFICATION	SIP Othstop	10 /IVER	transplems	N WAS PERFORMED	resec.	AUTOPSY?	COLUN 20b. IF YES, WE	REFINDING	os used
	TIFIC	7/16/87	Receiv	rent tum		YES	NO D	IN CERTIFÝING YES	G CAUSES (NO NO
7		10. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY C	OCCURRED (E	NTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
	M.	(IF EITHER NOTIFY MEDICAL EXAMINES 1d INJURY OCCURRED WHILE NOT WHILE TOWNER T WORK	21e PLACE OF IN		211 LOCATION STREET		CITY OR TOW	7	COUNTY	STATE
		obdyr, (i) fwere did kidid no	tal) attended the dec	30 19 37, or death.	nd that in (my) (our) o	ppinion death c	occurred on the dot	e and hour one		nat (I) (we) last ouses stated
,		Paul 7	n Color	nbani M	DEGREE ATTEND PHYSIC		DICAL STAFF	AN 🗍	8/3C	DP7
		PHUL M.	COLOMO		The Joh	no Ho	okins for	olfe st	PAUTI	MORE
	(SPE	RIAL, CREMATION, REMOVAL ECIFY) Burial	23b DATE 9/3/87	Green H:		TA TA	LOCATION aynesbore	TIP		Penna.
		PERAL DIRECTOR LRYMEH.WITZKE	4112 Co Ellicot	lumbia Rd. t City, Md.		SEP 3	1987		S SIGNATU	RE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MCVess	· · · · · · · · · · · · · · · · · · ·			1
		Bar, I	MAI	
	1.1		- Distre	nia
			.4,2,1	608000
115 Loft Lame 2000a		Caling to	vlld Tymmas:	No. Non
Lyno fliggt Likip bote lone	uns und	vog	Janet .	l talund
12415 bote Lager 1202 Steen Silver Soring 1462202	of W branch		199	C.V.
	di Charle	e		
		ros Cr.		
				N. Mallin
		Name of		
		- 34		
		53		The state of
Layneybors Green Penns			29/11/6	
And I want to the E		447.74.10	COLUMN TOTAL	ARTIN E YEL

BP.

DHMH - 16 60M 7/B (VRA 15, 4)

063332

AUG 21 87 TATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

67	0	Com	7	1
REG.	NO.	5		-

		CEASED NAME FIRST E OR PRINT)		COOPER		BUS	20 DATE OF DE	14 /87	DAY YEAR	26 HOUR			
	3 SE	x EMALE	4 RACE WHITE		5. DATE C	E 1, DA 1903 YEAR	6 AGE (IN YEARS	LAST BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN			
955	W.	CVIRGINIA	USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY BALTIMORE			MD			
no lifted	BA	ITY OR TOWN OF DEATH LTIMORE CITY	(IF NOT IN SUC	ON MEMORIA	AL HO	SPITAL	HOUSEWIF	CUPATION LOST OF WORKING L	17b KIND C INDUSTRY	HOME			
and the second	13a N	AL RESIDENCE (IF NURSING HOME MARYLAND 13b CC		ALTIMORE BEFORE		134 INSIDE CITY LIMITS?	3811 C	ANTERBUR		310 #21218			
10	LC	ATHER'S NAME FIRST DUIS		PER		SARAH	M		EL	it			
ne med co		NAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215-56-6		17 INFORMANT MR 14401 OLD Y	S. EDITH ORK RD.	PHOENIX	, MD 2	1131			
event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per USED BY: HATE CAUSE (0)			RATORY ARR	ES7		ACJWINDS	March and Dearm			
or ather troumotic	510	Conditions, if any, which gave rise to immediate couse to stating the underlying couse lost	(b) DUE TO, OF	R AS A CONSEQUE	NCE OF	SEPTICEMIA Menunia			7	d			
rinjury.	CATION	CACHEXIS, MA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CACHEXIS, MALLUVIRITION, 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED										
2	CERTIFICA	19a DATE OF OPERATION		TION FOR WHICH	OPERATIO		1.20	OT Y	FYING CAUSES				
Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 21				
orked or	MED	AT WORK NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	Cr	TY OF LOWN	COUNTY	STATE			
m 21 is m		220 certify the his he sow the de nod a e obove, (I) (a d d d) d d	on &	117 100	1	d that in (my) (our) opinion	deoth occurred or	the date and ha	ur and from the	coursy toted			
NT. #		22b SIGNATUR 7	Jell.		M		DIRECTOR	STAFF PHYSICIAN [18/7	in			
MPORTAN		STUR	o B-B-	ell		350 S	J. Poul	<u></u>					
- I	(BURIAL CREMATION, REMOV	AUG.17	,1987 · F	HEBRE	YOUNG MEN		LTIMORE		ARYLAND			
A 7/B4		UNERAL DIRECTOR SO SO SO REISTERST	L LEVINSO			21215 AUG	20 1987	STRAR 20 RIGIS	PARS SIGN	URE			

NUG 20 200 / in principles

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA BYGILNE

FOR] - STATE GISTRAR	DEPART	MENT OF H	CATE OF DEATH	GIỆNE 2 REG. N	267	7
1. ECTASED NAME FIRST ANDR	EA Janine	FIE	LDS	AUGUST 27	MONTH DAY YE. 1987	2b HOUR 12;05P
Female	4. RACE White	5. DATE O	F BIRTH DAY YEAR O O	6 AGE (IN YEARS LAST BII		YEAR IF UNDER 24 HRS DAYS HOURS MIN
Wash. D.C.	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE		9 BALTIMORE CITY OF BALTIMOR	E CITY	Н
BALTIMORE	11. NAME OF HOSPITAL, NURSI (JENOTIN SUCH FACILITY GIVE STREE THE JOHNS HOP	KINS H		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Registered	OF WORKING LIFE) INDUS	nd of Business of Stry Francis
USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 138 COUN Bal	TY 13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2618 Halla		.07
Nicola		nitell	15. MOTHER'S MAIDEN NA	MIDDLE		natta
16g. WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16h SOCIAL SEC E WAR OR DATES) 213-80-		Mark Fields	2618 Halla	m Ct. 212	
PART I. DE ATH WAS CAUSE	ly one couse per line for to), (b), or DBY: E CAUSE (o)		ardiac a	rrest	BETY 1	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	(b)	C	renal aus Unenic my	elogenous	eukenia	days 1 year
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES	
		AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PAR	17 2)
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
270.1 certify that (I) (this haspit saw the deceased plive an, above, (I) we'l'did! (did not 77b. SIGNATURE	ol) attended the deceased from 19	-	d that in (my) (our) apinion DEGREE ATTENDING	death accurred on the d	22c. D	that (we) the causes stated
22d PHYSICIAN'S MAME IN CO		MD	PHYSICIAN 220 ADDRESS JOHNS H	DIRECTOR PHYSI		1-12118
230. BURIAL, CREMATION, REMOVAL		NAME OF CI	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	YINDO	STATE
Burial Party: H. Witzke Funeral Home In	8/31/87 Si 4112 Columbia Ellicott Ci	Pike		Clarksvi 31 937 July	11e	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

					2 -1 87
				ingl.	
	27 - 1 - 1 - 1 - 1			arlin	edame?
				USA	.0.0 .dany
Rtomwil .58	Honistered Murse				R TO
70827	.25 maffam CC.		(z)	Galto.	
Vanatus		4	LietHouseT		01/5//
TOSES	Join Tallam Ct.	charact that	0025-08-01		oli
	affive valo		st. Jan	(31/6)	Interns
1 Milelian	31 887 Chillian	2104H	unbin Pike at Oley, Ta	ske vill dol v Inc. Little	A THROUGH HOSE

8 BEGISTRAR

I. DECEASED NAME

ID. CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3 SEX

13a STATE

MEDICAL

FIR51

BEATRICE

ESTATE OR FOREIGN

timore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

136 COUNTY

4 RACE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Medica

GIVE RESIDENCE BEFORE ADMISSION

13CCITY OR TOWN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YEAR 29

DIVORCED

13d INSIDE CITY LIMITS?

LAST

5. DATE OF BIRTH

MONTH

WIDOWEDIV

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

E1620

DAY

IF UNDER TYEAR

INDUSTRY

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS.

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

20 DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

altimore YES NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 17 INFORMANT ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for rat, (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Ineverse Canditians, if any, which gave rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDIT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN STREET AT HOME. STREET FACTORY OFFICE FARM ETC) AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased free saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME THRE OR PRINT 22e ADDRESS DRREI MEDUR 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Arbutus, Md. COUNTY STATE Burial 8/15/87 Arbutus Mem. Pk. 24 FUNERAL DIRECTOR BY REGISTRAR 25h REGISTRAR'S SIGNATURE "Wm C March F/H West 4300" Wabash Ave. Dandson.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

the of

0	6	3	9	6	9	AUS	28:07
---	---	---	---	---	---	-----	-------

director, page 3 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	6	7	
PEG NO	6	0		7
DEC. NO	7			

I. DECEAS			CERTIFICATE		REG. NO).		
(TYPE OR PR	SED NAME FIPE	MIDDLE	LAST	- 4	20. DATE OF DEATH	AONTH DAY	YEAR	26. HOUR
(III) OR PR	RAYMO	ND	FINCHA	M, SR.		8-24	-87	1600M
3. SEX		4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	HDAY] IF UN	DER 1 YEAR	IF UNDER 24 HRS
	Male	White	MONTP .	1 16	71	YRS.	DATS	10 23
7a. BIRTHP	LACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER MARRIED T	9 BALTIMORE CITY OF		DEATH	
	ginia	U.S.A.	WIDOWED	DIVORCED [Baltimor	e city	TO OP?	MD.
11 CITY O	R TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		RINSTITUTION	120 USUAL OCCUPATION	DN 12	25. KIND OF	8USINESS OR
- 20	timore	Univ. Of Ma	eyland No	touch Center	Chauffeur	. S	upply	tandard
Mar Mar	yland 136 cour	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136_CITY OR TOW Baltim	ore 13d ins	NO []	136.STREET ADDRESS / 1056 Parks		nue	21223
u FATHEI	r's NAME Earnest	Fincham		Ella	AE MIDDLE		LAST CO	rbin
	DECEASED EVER IN U.S. AR	VE WAR OR DATEST	JRITY NO. 17 INFO	DRMANT	ADDRES	SS		
1,50	YES INF YES GIVEN	II 218-03-	31.76 Bet	tty J. Fin	cham 1056 P	arksley		21223
18 (PART I. DEATH WAS CAUSE	nly ane cause per line (ar (a), (b), ar ED BY: TE CAUSE (a)	0	atorey	Benest		APPROXIM BETWEEN O	MATE INTERVAL
PAF	ave rise to immediate use (a), stating the derlying cause lost.	DUE TO, OR AS A CONSEQUE (c)CONDITIONS CONTRIBUTING TO		ATED TO THE TERMI	nal Disease or Cond	OITION GIVEN IN	N PART 11a	,
IV 19a	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS F	PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDIN	
1					YES NO	YES [G CAUSES (OF DEATH?
0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M.	AY YEAR 19		YES NO DED (ENTER NATURE OF INJURY	YES 🗌		
WEDICAL OR	CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	19 211 LO	OW INJURY OCCURRI		YES T		
21d WFAT w 220.	CONTRIBUTING CAUSE OF DE, FEITHER NOTIFY MEDICAL EXAMINES INJURY OCCURRED THE NOTIFY MEDICAL EXAMINES AT WORK I certify That (K (this hosp sow the decepted live on abave (1) we) (did) (did no	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	FARM, ETC. 211 LO	CATION STREET	ED (ENTER NATURE OF INJURY	YES O	OR PART 2] COUNTY Afrom the c	STATE ha(II)(we) lost couses stated
21d WPAT W 222a.	CONTRIBUTING CAUSE OF DE. F EITHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED VORK NOT WHILE AT WORK I certify that (I) (this hosp sow the deceased dry of abave (11) we) (did (did no	ATH P.M. MONTH D P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. 11al) oftended the deceased from 19 at 1 view the body after death.	FARM, ETC J 211 LO FARM, ETC J 211 LO DEGREE	CATION STREET 19 (mm) (our) opinion d ATTENDING PHYSICIAN	CITY OR TOWN to ALL S eath occurred an he dat MEDICAL STAFI	YES OF THE TEM 18 PART TO	ORPART 21	STATE ha (I) (we) last causes stated SIGNED
21d WPAT W 222a.	CONTRIBUTING CAUSE OF DE. FEITHER NOTIFY MEDICAL EXAMINE IN JURY OCCURRED ALL NOT WHILE ALL WORK I certify that (((this hosp sow the deceased drive of abave (1) we) did (did no	ATH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. 11tal) attended the deceased from 19 11) view the body after death. OR PPINT	FARM, ETC 211 LO FARM, ETC 211 LO DEGREE	ATTENDING PHYSICIAN DORESS	ED (ENTER NATURE OF INJURY CITY OR TOW to ALL & C eath occurred an he dat MEDICAL STAFI	YES OF THE TEM 18 PART TO	COUNTY d from the c 22c DATE S	STATE ha (I) (we) last causes stated SIGNED
22d.	CONTRIBUTING CAUSE OF DE. FEITHER NOTIFY MEDICAL EXAMINE INJURY OCCURRED ALL CETTY INTO ((Ihis hosp sow the deceased three of abave (I) we) did (did no SIGNATURE) PHYSICIAN'S NAME (TYPE O	ATH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. 11al) attended the deceased from 19 11 view the body after death. OR PPINT 1 123b. DATE 23c.	PAR 19 211 LO FARM, ETC 1 211 LO DEGREE 222e AD NAME OF CEMETER	ATTENDING PHYSICIAN DORESS	CITY OR TOWN CITY OR TOWN CITY OR TOWN CITY OR TOWN	YES OF THE TEM TEM TEM TEM TEM TEM TEM TEM TEM TE	COUNTY 8 1 rom the county 8 / 24 6 / 24	state ha(i)(we) last coves stated SIGNED /87
276. 226. 23a BURIA (SPECIA	CONTRIBUTING CAUSE OF DE. FEITHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED HILE NOT WHILE AT WORK I certify that (I) (this hasp sow the deceased drive of abave (11) we) (did (did no SIGNATURE) PHYSICIAN'S NAME (TYPE OF ALL, CREMATION, REMOVAL EY BURIAL	ATH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. 11al) oftended the deceased from 19 10 1 view the body offer death. 19 20 23b. DATE 23c.	FARM, ETC 211 LO FARM, ETC 211 LO DEGREE	ATTENDING PHYSICIAN DORESS OF OR CREMATORY OPEST Va.	city or town composition of the dot of the d	YES DIVINITEM 18 PART I OF THE ONLY PART I OF THE O	COUNTY 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	state ha(1)(we) last coves stated SIGNED /87
23a. BURIA (SPEC)	CONTRIBUTING CAUSE OF DE. FEITHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED ALL CREMATION, REMOVAL PHYSICIAN'S NAME (TYPE CAUSE) ALL, CREMATION, REMOVAL BURIAL RAME RAME CAUSE OF DE. CAUSE O	ATH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. 11al) attended the deceased from 19 11 view the body after death. OR PPINT 1 123b. DATE 23c.	PAY YEAR 19 211 LO FARM, ETC 211 LO DEGREE NAME OF CEMETER' arrison FC 21229	ATTENDING PHYSICIAN DORCESS Y OR CREMATORY DESCRIPTION OF THE PHYSICIAN DORCEST OF THE PHYSICI	CITY OR TOWN CITY OR TOWN CHECK TO THE CONTROL OF TOWN CEM. OWINGS REC'D. BY REGISTRAR 2	YES DIVINITEM 18 PART I OF THE ONLY PART I OF THE O	COUNTY 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	state ha(1)(we) last covses stated SIGNED /87

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbanpop with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT. If them 21 is marked or them 18 them are injury, or other traumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

2 6 8 0 9

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.	9	1		
I		OR PRINTS	FIRST	100	E.	Fi	SHER	Sr.	DATE OF DEATH	MONTH 8 - 2	28 -	VEAR 87	26 HOL	25 Am
	3. SEX	Male		4. RACE Whi	.te	5. DATE O			GE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS	DAYS	HOURS	MIN.
4		RTHPLACE (STATE OR: COUNTRY) Maryland	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		Baltimore City	_		ATH		MD.
Ž	10 C1	Baltimore					or other institution	er 12a	USUAL OCCUPA TE OF WORK FOR MOS Retire	ATION STOF WORKING	LIFE) 12b.	KIND O	F BUSIN	ESS OR
	13a S	AL RESIDENCE OF NURS	13b COUI		GIVE RESIDENCE BEFORE 134 CITY OF TOW Baltimor		13d INSIDECITY LIMIT YES 🔀 NO 🗌		STREET ADDRES			21	211	
	14. F.A	THER'S NAME Elmer		MIDDLE Γ .	Fisher		15. MOTHER'S MAIDER Nettie		WIDDIE		(un	know		
	16a W	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES?	217-07-9		Nettie M.	Fish		Rolan		enue		1211
1	CERTIFICATION	Conditions, if ony gove rise to imi- cause iol, statii underlying couse PART 2 OTHER SIGI	mediate ng the last.	DUE TO, OF		ENCE OF	NOT RELATED TO THE	2		20b. IF Y		FINDIN	GS USE	TH?
	MEDICAL CERT	27b. SIGNATURE	CAUSE OF DE. CAL EXAMINE RED HILE	HOUR A. P. 21e PLACE (AT HOME, STE	M. MONTH DAM. OF INJURY REEL FACTORY OFFICE, F e deceased from office death	19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 192 and that in (my) (our) opi DEGREE ATTENDIN PHYSICIA 22e, ADDRESS	CCURRED 7 inion deatl	CITY OF	TAFF	. 19_2 our and fi	Tom the COATE	that (I) (causes st	
1	24 FL	SURIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR AAME Alan Se	L	23b. DATE 8/31/	87 St	. Mar			Baltime	ore	COUN	TY M	aryl	and

DHMH - 16 60M 7/84 (VRA 15, 4)

Milk bar a transfer of the state of the stat

Marcon Short wall to be

ANTICLE AND A COUNTY OF THE PARTY OF THE PAR

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been up should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low red retoined by the hospital or attending physician

BP.

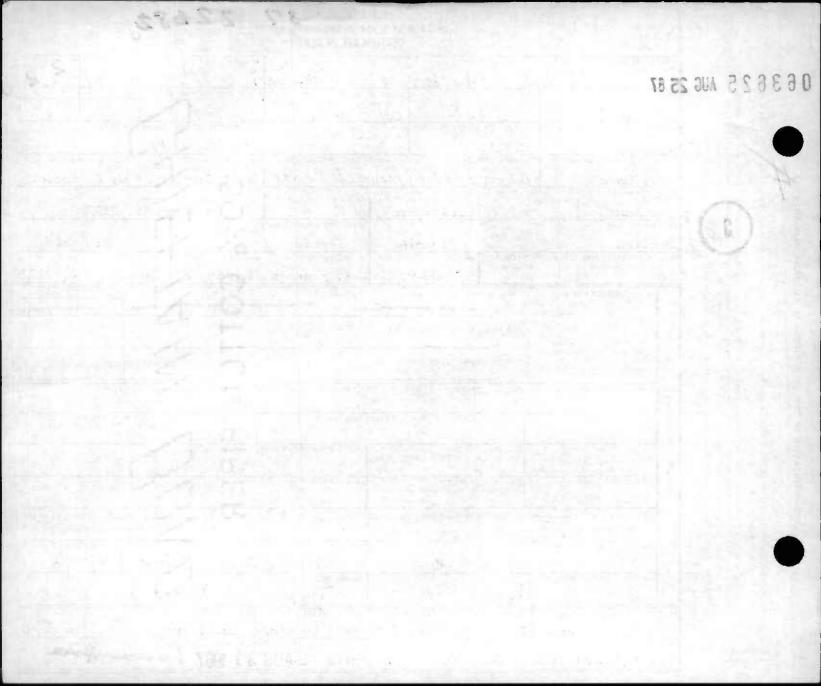
DHMH - 16 60M 7/84 (VRA 15, 4)

nding physicion and corbon popers. Pages n, or removol. STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL NYCHENE

L	1 -	STATE REGISTRAR		DEFARIN	CERTIF	CATE OF DEATH	S. O.L.	REG. NO	20	0	
		EASED NAME EIRST		MIDDLE	- 17-7	GERALD	20			BO 87	2b. HOUR
L	0514	WALTE	4 RACE		5. DATE O		- 1	AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDER 21 HRS
3	. SEX	m	T	3	MONTH 7		5	8	2 YRS.	AONIHS DATS	HOURS MIN.
7.	0 8IF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	X 9 E	BALTIMORE CITY O	RCOUNTY	OF DEATH	
1		ONNC	US	A	WIDOWE		X	BALTI	MORE C	CITY	MD.
	0 CI	BALTO.	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET / E . CHASE	ADDRESS)	r other institution	(1)	USUAL OCCUPATION OF OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	F BUSINESS OR
T.	30 S	LERESIDENCE (IF NURSING HOME OR TATE MD 136 COUN	OTHER INSTITUTION ITY	BALTO	admission) N	13d. INSIDE CITY LIMITS YES 🗽 NO 🗍	5? 13e	STREET ADDRESS 10 E. CHA	ZIP CODE SE STE	REET 21	202
	FA	THER'S NAME FIRST MAC	MIDDLE	FITZG	ERALD	KELLO	MAME	MIODLE		F	ITZGERAL
14			MED FORCES?	221-07-2		17 INFORMANT BERNARD BR	ROWN	JR. 1245		AGLE RO	AD 21239
F	111	18 CAUSE OF DEATH (Enter on	ly one couse per								MATE INTERVAL ONSET AND DEATH
F		PART L DEATH WAS CAUSE	D BY	CARDIA		PRHUDIM	IA			-	CRASH
	NO	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, O	ATHERUSCA R AS A CONSEQUE ONTRIBUTING TO D 3 ERCULUS	NCE OF		TERMINA	L DISEASE OR CON	DITION GIV	EN IN PART 110	D
	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	- 1	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM, ETC)	ZII LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this haspe sow the deceased alive an above, (1) (we) (did) (did no	8/19	1 19	87/1	nd that in (my) (our) april	nion deo	to 83			that (I) (we) lost couses stated
		27b. SIGNATURE	Phills	ממו חב		DEGREE ATTENDIN PHYSICIA	NG D	MEDICAL STA	FF IAN DO	S/S	SIGNED 7
		DONNA C.P.		PSIMO		301 ST Pr			mo	2120:	2
П	(BURIAL, CREMATION, REMOVAL SPECIFY) RTAL	23b. DATE 9/5/87			EMETERY OR CREMATO		LANSDOWNE		COUNTY	MD
	4 FL	INERAL DIRECTOR				25a		CD. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE
	W	MI C. MARCH F/H	1101 E	. NORTH A	VENUE	21202		4 1987	Juna	Dunder	· Kandask

	1 -	FUR			87 kam DEPART 2/16/87	MENT OF H	E OF MARYLAND & EALTH AND MENTAL I	IYGIENE	REG. NO	7	
6 3 6 2 5 AUG 2	(TYPE	CEASED NAME ORPRINT)	FIRST	A. RACE	heltor	5. DATE C		R	OF DEATH A		YEAR 26 HOUR 1987 5-12 PM INDER 1 YEAR IF UNDER 24 PMS THS DAYS HOURS MIN.
Poge 4		RTHPLACE (STATE OR FOR EDUNTRY)	REIGN 7	b la b citizen of w U.S.A.	CK WHAT COUNTRY	MARRIE	10/18 DIX NEVER MARRIED	9. BALTI	MORE CITY OF	YRS R COUNTY OF	
Hilled with	10. C	ty or town of deat		Deaton	HOSPITAL	6 Mea	OR OTHER INSTITUTION	TYPE OF	IAL OCCUPATION WORK FOR MOST OF Carri	WORKING LIFE)	nd. 12b. KIND OF BUSINESS OR INDUSTRY U. S. Postal
thin 24 less the be	13a S Ma	ryland -	3b. COUNT	ĪΥ	Baltim	VN	13d. INSIDE CITY LIMITS YES X NO 15. MOTHER'S MAIDEN	611	Grant1		21229
IMORE, MAR	16a V	FIRST elton VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARM	AED FORCES?	Flemm 166 SOCIAL SEC	URITY NO.	Sophie 17. INFORMANT		ADDRES		Ringgald
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN. The law requires that the death certificate be executed within 24 literating physician and in the serificate has been signed by the attending physician and in philipping as the burial-transit permit. Then please remove carbon papers. Pages, and the and Mental Hygiene prior to burial, cremation, or removal. Onked or fleat 18 shows any injury, or other troumatic event, the medic	No	18 CAUSE OF DEATH PART I. DEATH WA // Conditions, if ony, y	MMEDIATE	CAUSE IO)	AS A CONSEQU	IFNCE OF	Mrs. france concho-pne cheal dam	umoni	a	1 Gran	APPROXUMATE INTERVAL BETWEEN OPISET AND DEATH 2 1 1 10000000000000000000000000000000
RDS, 201 W. PRI equires that the insigned by the community of the properties of the properties of the principle of the princi	z	gove rise to imme couse (o), storing underlying couse PART 2 OTHER SIGNII	the lost.	((c)	AS A CONSEQUATE PROPERTY OF THE PROPERTY OF TH	geal	carcinoma	RMINAL DISE	EASE OR COND	ITION GIVEN	IN PART 110
TALRECORD: The law required has been signerment. The giene prior to shows any injury.	CERTIFICATION	19a DATE OF OPERATION	ON	19b. CONDIT	ION FOR WHICE	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS USED IG CAUSES OF DEATH?
DINISION OF VITAL DING PHYSICIAN: The or attending physician After this certificate he as the burial-transit, alth and Mental Hygies marked or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	USE OF DEAT I EXAMINER)	P.M 21e. PLACE C	A. MONTH D A.	19	211 LOCATION STREET	URRED (ENTE	R NATURE OF INJURY		COUNTY STATE
OR ATTENDO e haspital an DIRECTOR. A triched for use Dept of Heal		27a I certify that (I) (t sow the deceased above (I) (we) (dia 22b. SIGNATURE	his hospite	8/15	19		2 1 19 19 19 DEGREE	on death occ	7.5		22c. DAVE SIGNED
TO HOSPITAL Orestoned by the TO FUNERAL Dishould be detected with the State Dishorant: if		22d PHYSICIAN'S NAME OF VA	S.	PRINT) HERST		>	ATTENDING PHYSICIAN	DIRECT	OR PHYSICI		18/15/27
BP		SURIAL, CREMATION, RESPECIFY) But UNERAL DIRECTOR	rial	19 Aug			emetery or cremator redral Cemet		CATION CITY OF TOWN		OUNTY Maryland



STATE OF MARYLAND

64168 AL	G^1	FOR STOTE REDITRAR		DEPARTI		ALTH AND MENTAL HYG CATE OF DEATH	IENE 2 2 REG. NO.	083	
tor, page 3 offer death		CEASED NAME FIRST E OR PRINT)	0	Flen	S. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	3-87	26 HOUR PM IF UNDER 24 HRS HOURS MIN.
eath. Pogo nerol direc	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	30	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MD.
iaurs after d in by the fu be filed with	USU	BALTO AL RESIDENCE UF NURSING NOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADDRESS]	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR N/A	KING (IFE) INDIUS/IY	OF BUSINESS OR
d within 24 h		MD ATHER'S NAME FIRST	MIDDLE	BALTIMO	RE	13d. INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAM MARY	118 CENTER S		HOPSON
be executed		ANDREW WAS DECEASED EVER IN U.S. YES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 145-12-5	RITY NO.	17 INFORMANT	ADDRESS MING 111 CENT	ER STREET	•
equires that the death certif n signed by the attending p Then please remave carban 19 burial, cremation, ar rem injury, ar ather traumatic eve	NOI	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICAN	(b)	R AS A CONSEQUE	X I C	EN CONTROL TELEPONT T	An lught who lise as e or condition	N GIVEN IN PART 10	a
SICIAN The low rigophysician. certificate has bee ririal-transit permit ental Hygiene priration 18 shows any	ICAL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 15E EITHER NOTIFY MEDICAL EXAM	21b. TIME C			WAS PERFORMED 21c. HOW INJURY OCCURR		IF YES, WERE FINDI CERTIFYING CAUSES YES (CAUSES) YES (CAUSES)	
FENDING PHYS tol or otendrin OR After this or or use as the bur F Health and Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this has saw the deceased alive	ispital attended th	REET, FACTORY, OFFICE F	7-	211 LOCATION STREET 2.3 . 19 22	city OR TOWN	COUNTY	that (I) (last
O HOSPITAL OR ATT O HOSPITAL OR ATT TO FUNERAL DIRECT should be detached for with the State Dept a MPORTANT: If Hem 2		saw the deceased always obave, (I) (we) (did) (did) (27b. SIGNATURE)	24	after death.	/ -	EGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	
TO HOSPITA reformed by TO FUNERA should be do with the Stori	23a.	BURIAL CREMATION, REMOV	AL 23b. DATE 8/28/8			METERY OR CREMATORY CEMETERY	23d LOCATION BALTIMORE	COUNTY	siMD.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		25a DATI	REC'D. BY REGISTRAR 256. R	EGIŞTRAR'S SIGNA	URE

DHMH - 16 60M 7 (VRA 15, 4)

WM. C. MARCH F/H 1101 E. NORTH AVENUE 21202 AUG 27 1987



AUB 27 1997

06455

may be

3

a director, page 3 hours after death

mpletely filled in by the pnd 2 shauld be tited

e attending physician and campletely nave carbanpapers. Pages 1 and 2 sh

otion, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 684

Julia Diridor Randale

AUG 3 1 1987

		FOR STATE PERFITRAR	DEPART		EALTH AND MENTAL HYGIE	ENE 2	268	4	
•		CASED'NAME FIRST	WIDDLE	L/	AST .	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOL	UR
		OR PRINT)	HOWARD FLET	CHER		AUG 28,	1987		M
1	3. SE)		4. RACE	S. DATE O		AGE (IN YEARS LAST BIR			
	1	MALE	NEGRO	MONTH 7	- 7- 07	80	YRS.	DATS HOURS	MIN.
-	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED 5	BALTIMORE CITY O	R COUNTY OF DE	ATH	
	7	PARYLAMO	U.S.A.	WIDOWE	DIVORCED [BALTIM		TY	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPATI		KIND OF BUSIN USTRY	ESS OR
4	K	ALTIMORE	814 HARLE	mI	TYF	RETIR	ED		
1000	13a S	AL RESIDENCE 1 IF NURSING HOME OF LIGHT TO THE LIGHT THE	- 47		13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAMI FIRST	814 WAR	KAM HVA	F 2/12	5/
	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		212	100
		rES, NO OR UNKNOWN) 1 IF YES, GI	IVE WAR OR DATES)	2000	4 4		2200 D.	0	0.7
ó		153 W.	W11 215 100	2993	METHBETER	FLETCHER :	2011604	APPROXIMATE INT	UA 7
-		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly one couse per line for (a), (b), a		ant-			APPROXIMATE INTE	
		IMMEDIA	TE CAUSE (o)	ac o	(Lues)			14,000 10	6
			DUE TO, OR AS A CONSEON	JENCE OF					
ĺ		Conditions, it any, which gave rise to immediate	(p) A. Hor	110311					
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF					
		DADT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERMIN	NAL DISEASE OF CON	DITION GIVEN IN E	APT 1(a)	
	Z	TAKT 2. OTTER STOTAL REALTY	CONDITIONS CONTRIBUTION	DEAIN	NOT RECATED TO THE TERMIN	THE DISEASE ON CON	DITION ON EN INT	AKT TO	
A	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE		
1	IFIC					YES T NOT	IN CERTIFYING C	AUSES OF DEA	
	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING		VEAS	21c. HOW INJURY OCCURRE		RY IN ITEM 18 PART T OR	PART 21	
1	AL	OR CONTRIBUTING CAUSE OF DE		19	- 1 - 1				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION				
	W	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO	WN CO	UNIA	STATE
			pital) attended the deceased from	9-10	19.86	to \	19 8	7 , that (b)	(we) lost
i		saw the deceased alive or	n Sa^) 19_) . on	d that in (my) (our) apinion de	eath occurred on the de	ote and hour and fr	om the couses s	tated
		22b. SIGNATURE	attivitive the body ofter death.		DEGREE		22	DATE SIGNED	
		New	1,		ATTENDING PHYSICIAN V	MEDICAL STAT		8/3/18	37
-		224 PHYSICIAN'S HAME STYPE	OR MINI		22e ADDRESS	10-	0 14.	11.	
		Wiknall	740		55500	a soring	Dalla	d	
		JURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUN	Y	STATE
		BURIAL	9-2-87 H	BuTus	MEM ARK	13 ALTO	Co	MD	
	24 EL	INIEDAL DIRECTOR			25a DATE	PEC'D BY PEGISTPAP	75h DEGISTDAD'S	IGNIATURE	

Russ 2220 W. NORTH AVA

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has be-

IMPORTANT, If Hem 21 is marked or Item 18 shows any should be detached for use as the burial-transit permit with the State Dept. af Health and Mental Hygiene pria

62296

AUG II

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours ofter death

on please remove carbandapers. Pages burging remotion, or removal.

Ly, or ather troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been spaced by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Permit the State Dept, of Health and Mental Hygiene prior is burial gremation, or removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the haspital or attending physicial

IMPORTANT: If them 21 is marked or them 18 shaws any in

executed within 24 hours ofter

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	17	8	5
60	6	0	0	-
DEC	NIO.			

REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.	(
DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ANI	TA		Fogarty		8 8	81	11: AM
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
FEMALE	WHITE	E 1	2 8 98	88	YRS	HS DAYS	HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY		DEATH	
Maryland	U.	S.A. WIDOW		Balti	more Cit	V	MD.
10. CITY OR TOWN OF DEATH	Uemkansp	Memorehame	OF POTPENSTITUTION	12a USUAL OCCUPAT	IONI	26. KIND O	F BUSINESS OR
Baltimore	1000 S.	Caton Av	e. 21229	Homemaker	F WORKING (IFE)	NDUSTRY	
MSUAL RESIDENCE (IF NURSING HOM		ESIDENCE BEFORE ADMISSION		Lia cancer appress			
Maryland	The state of the s	altimore	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	aton Ave	enue 2	21229
14 FATHER'S NAME			IS MOTHER'S MAIDEN NA	ME			
John	WIDDLE	Owen	Mary	MIDDIE		Christ	rian
160 WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17. INFORMANT	ADDR		711 10	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	17-01-4698	Jenkins Mem	. Home 1000	S. Cato	n Ave	21229
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	(b) ON AS A	A CONSEQUENCE OF	length con		DITION GIVEN I	N PART I (o	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH? NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (I) (this ha	DEATH HOUR A.M. P.M. 21e PLACE OF IN (AT MOME, STREET, FAI	MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
the deceased alive	on with body offer of our party of the body of the bod	1087	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 1000 S. Cate	MEDICAL STATE		-	couses stated
230 BURIAL, CREMATION, REMOV		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Burial	8/12/87		thedral Cem.	Baltimore	co	UNIY I	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Hubbard funeral Home, Inc. 4107 Wilkens Aye.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 1 0 1987 duly Trailing Por Julia Divison Pardall and the state of t

the same of the

064674

STATE OF MARYLAND

REG. NO	2	6	8	6
			No. of Concession, Name of	-

,	3,8	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	YGIENE	REG. NO	2 2	5 8	6
	1. DEC	CEASED NAME EDNA	MIDDES	F	FORD	20. DATE		8 30	87	HOUR ISAM
	3. SEX	FEMALE	BIACK	5. DATE O	F BIRTH 10 198		N YEARS LAST BIRT	YRS	VIHS DATS	IF UNDER 24 HRS HOURS MIN.
5	To BII	PARY LAND	LNITED STATE	MARRIED WIDOWEL			BAHI	MORE	Cit	y MD.
0	10.01	BAItiMORE (1. NAME OF HOSPITAL, DUR (IF NOT IN SUCH FACILITY, CIVE STI EVINOAR HED	REW GE	ROTHER INSTITUTION	(TYPE OF AV	OCCUPATION FOR MOST OF	FWORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR OF COTATE 13b COUNT		FORE ADMISSION) OWN " MOre	138 INSIDE CITY LIMITS?	39	T ADDRESS	ZIP CODE	y Ac	21215
3	0%	heorge		anan	15 MOTHER'S MAIDEN N Nellie	NAME	WIDDLE		LAST	
	16a W	VAS DECÉASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES GIVE N U	MED FORCES? 166 SOCIAL SI WAR OR DATES) 2/2-1	16-1463	Russell F	Ford	3018	Honde	APPROXIM. BETWEEN ON	Ane
4	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF			TOPSY?	20b. IF YES, V	VERE FINDING	
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	P.M.	DAY YEAR	21c HOW INJURY OCC					
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this haspite	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI	m 8/	211 LOCATION STREET	7.10_	CITY OR TO	13019		state of (It (we) lost
		sow the deceosed olive on obove, (1) (we) (did) (did not 77b. SIGNATURE	view the body ofter death	7	DEGREE ATTENDING PHYSICIAN	MEDICA	AL STAF	F _	22c DATES	
		22d, PHYSICIAN S MAN ITYPE OR	Albert, n	7	LON MA	10 60	VIAN	un c	W.	21215
		BURIAL, CREMATION, REMOVAL BURIAL			emetery or cremator n Cemetery	B	a Ptimo		COUNTY	MD
	24 FU Wr	m. C. March F/H	West 4300 Wab	åsh Avei		EP 2	y registrar 1987	Aslia A	R'S SIGNATU	RE 19

DHMH - 16 60M 7/B4 (VRA 15, 4)

		1							ARYLAN			-				
1641	75 AUG 3	4114	FOR ATE		AAT		MENT OF					. 2 2	65	27		
1041	1 2 HOO (CEASED NAME	FIRST	WE	MIDDLE	EXAMIN	ER'S C	ERTIFIC	CATSOF	PEAT	HZA	NC	100		
			CEASED NAME PE OR PRINT)	rmsi		WIDDLE			LAST		2a	OF ESTI-		DAY		h HOU
	PLEASE COTOR. FILES. HOURS			Darle					cehan			DEATH MATED	8 🗆 8	24 ₁	19 87	1
	STATE	3. SE	'	4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR.	IF UNDER 2		ONOUNCED		DAY	YEAR 2	6:05
	ON OUR		female	black	11 9 1	957	29 YF	S.				DEAD	8			P,
	NECESSARY, UNERAL DIR 5 FOR YOUR WITHIN 72 W. PRESTON	Ia B	RTHPLACE (51	ATE OR	76. CITIZEN OF V	VHAT COUN	ITRY?	MARRIE	D NE	VER MARRIE	D X	BALTIMORE CI	Y OR COUN	ITY OF DI	EATH	
	DELAY IS NECESSARY PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED. WITHIN 72 HOURS RDS. 20 W. PLESTON STREET.		Md		US	A		WIDOW	ED 🗆	DIVORCE		Baltimo				M
	AV IS NE THE FUI AGE 5 W.	10. C	ITY OR TOWN	OF DEATH	II NAME OF HO	SPITAL, NU	RSING HOME TREET ADDRESS)	, OR OTHE	er institu	MOIT	12a USUA FOR MO		(TYPE OF WORK	126 KIN	INDUSTRY	
	A D A WAY		altimore				lospita				Une	mp Toyed				-50
- 6	ANY DE AND 3 TO RETAIN FECORD		TATE Md	IF IN NURSING HOME I			OR TOWN		13d INSIDE C	CITY LIMITS?	13e STREE	T ADDRESS _			0101	
MD. 2120	A A A FR	-	Mu			Balt	imore	7"	YES X	NO 🗆	541	N. Fult	ton Ave	enue	2122	23
WD	1467	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDEN	NAME	MIDDLE			AST	
a a	PASSET AND A SECOND AND A SECOND AND A SECOND A		Thomas		Henry		Forehai	nd		ısie				Shaw		
WO	FORN FORN ON O	16a \	WAS DECEASED	EVER IN U.S. AR			CIAL SECURIT		17. INFOR	MANT	100	ADDI	RESS			
BALTIMORE,	PAGES PER PAGES PAGES DIVISION		No	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	218-	62-964		Susi	ie Fore	hand	541_1	V. Euli	ton	Avenu	ue
			18 CAUSE OF	F DEATH (Enter ar	ily ane cause per lin									APP	PROXIMATE IN	
N ST	TED WITHIN 24 HOUS VENCIL IN ITEM 48 KAMINER ALONG W AL - TRANSIT PERMIT. MENTAL HYGIENE, D N, OR REMOVAL.		PART I DE	ATH WAS CAUSE	D BY: TE CAUSE (a)		, liver							86144	TEN ONSET A	NO DEATH
ō	V 24 HO N ITEM J ALONG IT PERM YGIENE			IMMEDIA			SEQUENCE (ALC:				1 1	FIE
SE SE	MITHIN NCIL IN INER / RANSI ITAL H'			is, if any, which		Alcoh	nolism									
3.	ED WITH PENCIL AMINER L-TRANY AENTAL I			e to immediate stating the under			SEQUENCE (OF.								
102	N. AE		lying caus	se last.												
DS.	AND AND ATION		PART 2 OTHER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO GEAT	H BUT NOT RELA	TED TO THE TERM	NAL OISFASF	OR CONDITIO	IN GIVEN IN PART	Lia					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JULD BE EXECUTED "PENDING" IN PI FF MEDICAL EXAL- SED AS A BURIAL- HEALTH AND ME AL, CREMATION, (Z								ZI OTTEN IN TAKE	1100					
Z.	- CALCAL	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?				20 Al	UTOPSY?	
IAL	CRTIFICATE SHOULD RITING THE WORD "PER ROBE TO THE CHIEF M SEED AT 3 SHOULD BE USED A E DEPARTMENT OF HEAD OF PRIOR TO BURIAL, CO	FF												Y-	ESX	NO 🗆
>	THE CHILD BE WENT TO BU	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME C			21c HC	W INJURY	OCCURRED	(ENTER NAT	TURE OF INJURY IN ITE	M 18 PART 1 OR P			110
0	A H CONTRACT		UNDERLYING	OR OR CAUSE OF			DAY YEAR									
Si	SHOUTH SHORT	MEDICAL	21d INJURY O			OF INJURY	19 LAT HOME,	211 LOC	ATION							-
No.	VRITING VRDED VRDED GE 3 SI TE DEP 201 PR	A A	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, EARM, E	TC.)	51	REET			CITY OR TOWN	CC	OUNTY		STATE
	ISSEK-		AI WORK	ATWORK				1	-							-
	NO. NO.		22a. 1 certif	y that I taak char	ge of the remains de	escribed abo	ive, held an	Autaps	y X.	Inspection	□.	Inquiry .	and in my o	pinion		
	ME BELLEN	-	death resulte	ed fram: Natu	ral causes X.	Acciden	Su. Su	cide .	() Hami	cide	Undeterr	nined manner],			
	AN WAR			/ //	MANT	NoV	16	11	TITLE (S	SPECIFY)			14.4			
	A HAPPEN		ACTUAL SIGNATURE_	///	40MO 1-	Har	M ///	INN	D. Ass	sistant	MEDIC	AL EXAMINER	DATE		3-25-8	37
	NE SI NOR		EXAMINER'S	NIA AAE			V								1001	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	1	(TYPE OR PRIN	Mar.	io F. Gol	le, J	r., M.I)	ADDRESS_	111 F	Penn :	St., Bal	.to., N	$\frac{1}{2}$	21201	
	5X 4 5 4 8	23a.B		TION, REMOVAL			NAME OF CEA			ORY	23d. LOC.	ATION	CON	UNTY	STATI	E
07/84	BP		BU	urial	8/29/8	/	1t Zion	Ceme	etery		Lar	ndsdown			M	1d
25M	DHMH - 17	24 F	UNERAL DIRECT		ADDRES	55.				250. DATE RE	C'D. BY R	EGISTRAR 256	REGISTRAR'S	SIGNATU	IRE CO	10
	(VR A15 ME (5))		Wm. C.	March F	/H West 4	300 M	abash A	venu	е	AUG	27 4	107 guli	Devido	mylon		1
										1100		301 9				

AUG 2.7 198

22667

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	2	6	0	0
	Com	•	O	0

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	4 0 0
05010 **		CEASED NAME	IRST MIDDLE		AST	20 DATE OF DEATH MONTH	10 110 01
0 6 5 2 kg se	P 10	87	Baby Boy	Fo	crest	8	27 87 11:58 PM
a de la contra del	3. SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
4 of	1	4	В	MONTH 8	27 87	Y	RS.
1 1 0 O	7 70. B	IRTHPLACE (STATE OR FORE	76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COL Baltimore	INTY OF DEATH
1 15/81	411			WIDOWE			MD.
1 114	4	Baltimore	(IF NOT IN SUCH FACILITY,		ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	IND OF BUSINESS OR
NO 212		JAL RESIDENCE (IF NU STATE	COUNTY 13(. CITY	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (CODE 99999
T LEG	94	ATHER'S NAME	MIDDLE	tAST	15 MOTHER'S MAIDEN NA	AME	LAST
3 / 17 64	4	MICHAE		RREST	JEANNI	A FORREST ADDRESS	
(3) L		(YES NO OR UNKNOWN)	IF YES GIVE WAR OR DATES!	CIAL SECURITY NO	17 INFORMANT	WDD KE 33	
1 1/1/1		TIS CAUSE OF DEATH	Enter anly ane cause per line far :	at the and is			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B ton depot to the second to t		PART I DEATH WAS	CAUSED BY:		aturity		RETWEEN ONSET AND DEATH
5 1 22 3	13	IM	MEDIATE CAUSE (a)	1000	4		
0 # 900 to			DUE TO, OR AS A C		John . A	delivery	
de d		Canditians, if any, w		emature	labor and	victivery	
A 4 4 4 4 4		cause (a), stating		ONSEQUENCE OF			CLY I COMPANY IN A
1 4 1 1 1			(c)				
Mark property to blump, and any or an	No.	PART 2 OTHER SIGNIF	nal apparent		NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
0 1100	78	90 DATE OF OPERATIO	N 196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED
H 2 5 1 1 20	4 5	NA				YES IN NO NO	ERTIFYING CAUSES OF DEATH? YES □ NO □
A S S S S S S S S S S S S S S S S S S S	S B	210 ACCIDENT WAS UNDER	YING 7 216, TIME OF INJURY	Υ	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITE	
A 44 44 5 TO	1 =	OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M. MC	ONTH DAY YEAR			
X 20 8 13 6	/ 5	(IF EITHER NOTIFY MEDICAL		19	211 LOCATION		
VISIO	MEE	THE NOT WHILE AS WORK	LAT MOME STREET BACTO		STREET	CITY OR TOWN	COUNTY STATE
D S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) (th	is hospital) attended the deceas	ed from 3/2	7 19 57	, to 9/27	
A 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	9	saw the deceased	alive an	19 87 . 01	nd that in (my) (aur) apinian	death accurred on the date and	have and from the causes stated
CIHTLE		SIGNATURE	(did nat) view the bady after dec	om.	DEGREE		226. DATE SIGNED
0 2 0 50 5		R	In the		ATTENDING	MEDICAL STAFF	1 0/20/07
TA SET Y	-	The state of the s	-W / W		PHYSICIAN 1	DIRECTOR PHYSICIAN	1 2/28/8/
2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	/		E (TYPE OR PRINT) Burnaby St	AFF			7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
THE CONTRACT	1	Barnaby	Starr, M.D.		The Union Me	emorial Hospita	1
aaaaaaa	230	BURIAL, CREMATION, RE.		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
111011	24 5	Removal FUNERAL DIRECTOR	19-3-87		250 DA	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
DHMH - 16 60M 7/8		NAME		ADDRESS	230. DA	TE NEC D. DI REGISTRARIZSO RE	OIDTHAR S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Board

Balto, Md.

petrilatement lang

provide the moter or through

citanous acasani i sugra harstadi ili

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MYGIENE

41 (FOR TATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTAL HY	GIENE 2	268	7
	CEASED NAME	FIRST		MIDDIE	i	AST		MONTH DAY YE	AR 26 HOUR
,,,,,	C ON T KING!)	MAUR	ICE	J.	FOW	LER	AUGUST 19,	1987	5:30AA
3 SE		4	RACE	4/11/11/11	5. DATE C		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
	Male		Whit	te	Apr		73	YRS	NOOKS MIN.
	COUNTRY)	OR FOREIGN 7		WHAT COUNTRY	/? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OF		Н
1000	Penn.		U.S		WIDOWE	99	Baltimore		MD
В	altimore		Chu3	ch facility, give stre	pital	PROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Beth Stee	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
せらU 13a	AL RESIDENCE (# NI STATE	Balt	THER INSTITUTION Y O •	13c CITY OR TO Dunda	WN	13d. INSIDE CITY LIMITS? YES NO 👍	13. STREET ADDRESS /	ZIP CODE Land Rd.	21222
グ	illäm	M	DDLE	Fowler		Anna Anna	MIDDLE	Sher	idan
	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SEG		17 INFORMANT	ADDRES		21212
100	NO			207-01	-6037	Catherine	Henderson	305 Bro	xton Rd.
NO	gove rise to it couse to it sto underlying cou	ting the ise lost.	(c)	RENAL		CANCER (S	SARCOMATOUS		RT Ito
CERTIFICATION	190 DATE OF OPER	MOITA	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FI	
	21g. ACCIDENT WAS U	CAUSE OF DEAT			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PAR	RT 2)
MEDICAL	216 INJURY OCCU	WHILE D	21e PLACE (AT HOME, ST	OF INJURY REET FACTORY OFFIC	E. FARM, ETC)	211 LOCATION STREET	CITY OR TOW	vn count	TY STATE
	obove, (1) by e	(I) (this hospite pred plive of) (did) (did not)	IGIIST	79 19	_87 or	nd that in (my) our opinion			
4	22b. SIGNATURE	Sofu	~0	MT.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F X	DATE SIGNED
	224 PHYSICIAN'S	NAME (TYPE OR		M. D.	Titte		H HOSPITAL ADWAY BALT		MD. 21231
	BURIAL, CREMATION		236 DATE 8/22/	/1987 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION Davids	onville	STATE
24 F	UNERAL DIRECTOR		-,/	7-11	estate II	ZELLOWS ZSa DA	TE REC'D BY REGISTRAR		SNATURE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, after this certificate has been signed should be detached for use as the burial-transit permit. Then plea with the State Dept of Health and Mental Hygiene prior to burial IMPORTANT: If Item 21 is marked at Item 28 shows any injury, or

attending physician

O HOSPITAL OR ATTENDING etoined by the haspital or

BP.

Connelly Funeral Home of Dundalk (VRA 15, 4)

AUG 21 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	0	7	-
Gm	Gen	M		

2	aurs ofter death. Page 4 m	filled in by the funeral director. p gold be filed within 72 hours after	3	70 D
021201	hours ofter d	d be filled with	20	10 US 130
DRE, MARYLAN	()	and the second	145
ON ST., BALTIMO	th certificate be	cording physician of cordinadopers Physician of cordinadopers Physician of cordinadopers of the cordinadopers of t	notic event, the med	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.	DEFINERAL DIRECTOR. After this certificate has been signed by the attending physician has in the detached for use as the buried-transit permit. Then please remove conson appearable the frate Dept. of Health and Mental Hygiene prior to buriel, cremation, or removal.	WPOSTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical even	NO
OF VITAL RECO	ICIAN: The low r	ertificate has bee ial-transit permit. ntal Hygiene pria	lem 18 shows ony	MEDICAL CERTIFICATION
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN: The retorned by the hospital or ottending physicion.	TOR After this of far use as the bur of Health and Me	21 is marked or It	MEDIC
	HOSPITAL OR A	FUNERAL DIREC	ORTANT: If Ben	
	5 de	541	3	73a

	REGISTRAR			CERTIFIC	CAIL OI DEAL		REG. N	0.			
	CEASED NAME FIRST	MIDE	DLE	₹AS	STT		O. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOU	R
(Tire		HRISTINE				- 1	8/21/87				М
3. SE		4 RACE	E. FOW	-KAFE SF	BIRTH	6	AGE IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	
		В		MONTH	9/1909	EAR	78	N	AONTHS DAYS	HOURS	M IN.
70 B	FEMALE INTERPLACE STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	3/3	7/1909		BALTIMORE CITY C	YRS.	OF DEATH		
	COUNTRY)		100		☐ NEVER MARR	IED "	_				
BU	IRNSWICK VA	U.S.F		WIDOWED			BALTO.				MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOS	CILITY GIVE STREET AD	DRESS)	OTHER INSTITUT		2a. USUAL OCCUPAT		12b. KIND O)F BUSINE	SS OR
1	BALTO.	1022	MC DONA	ALD S	ST.				10.00		
U\$U	AL RESIDENCE IN NURSING HOME OF							/ TID 0005		1117	10
130.	MD.	130	BALTO.		YESX NO		3e.STREET ADDRESS .	ONALI		1000	9
14. FA	ATHER'S NAME		2.12.01		5. MOTHER'S MAI	_		ONALI	0 01.		
7	FIRST	MIDDLE	LAST		FIRST		WIDDLE		1A5	51	
/	WILLIAM	PARHAM				ELIA	FEGGANS				
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	IVE WAR OR DATEST	SOCIAL SECURI		17 INFORMANT		ADDRI	:22			
	NO N	1/1	20-01-1	L025	DORIS 1	BURRI	IS 1417 E	LAN	VVALE	2123	13
	18 CAUSE OF DEATH (Enter of	anly ane cause per line	for (o), (b), and (C1.1						MATE INTER	
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	urdiopul	mor	are al	rres			Mil	rute	5
	DVVVC D IV			CF 0.5	1						
	Canditians, if any, which	DUE TO, OR A	S A CONSEQUEN	A	hithmy	ai			60	nont	The
	gave rise to immediate	(6)	73100	/ 1/ 1	14/11/					-	
	couse (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUEN		Jansi				50	an v	<
		(c) (d)			rtensi				137	var.	<u> </u>
z	PART 2. OTHER SIGNIFICANT	Renal +	RIBUTING TO DE	ATH BUT N	OT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	DITION GIVE	EN IN PARY I	a	
CERTIFICATION	CVIVATIL		arture	2							
₫	196 DATE OF OPERATION	196 CONDITIO	N FOR WHICH O	PERATION	WAS PERFORMED)	20a AUTOPSY?		, WERE FINDIN		
֡֞֞֡֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֡֡							YES NO	YES	5 🔲	NO [3
Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	MONTH DAY	YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF D	CAIR	MONTH DAT	19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF			211 LOCATION				COUNTY		TATE
Σ	WHILE NOT WHILE AT WORK	AT HOME, STREET,	FACTORY, OFFICE, FAR	M. ETC }	STREET		CITY OR TO	WN	COUNTY	21	TAIL
	220-1 certify that (1) (this has	nital) attended the d	acassad from	1	24.4 10	85	to Ange	11+	10 87	that (l) (w	ua) last
	saw the deceased alive a	n June 9	198	70 and	thorin (my) (pur)	opinian de	ath accurred an the d				
	abave _s (I) (we) (did) (did r	native w the bady aft	er death.	•	EGREE						,
	A Page 1	1 .0 00	0	М .	ATTEN	IDING	MEDICAL STA	FF /	22c. DATE	PIGNEU	-
	xiexon /	h Vill	lle	M	PHYS		DIRECTOR PHYSIC		101	241	0/
	220. PHYSICIAN'S NAME TYPE	OR PRINT)	1	k	27e. ADDRESS		11	LI		0	
	Susan M	. Melle	Y	1.00	The Jo	ohns	MIDIOKIN	rs 178	Spite	VE	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NA	ME OF CE	METERY OR CREM	ATORY	23d LOCATION			1	
	BURIAL	8/26/8	7 MT	7 117	IIDM OF		BALTO.,	MD.	COUNTY	51	TATE
24 FI	UNERAL DIRECTOR	10/20/8	IIVI'I'	AUB	URN CEN	250. DATE			RAR'S SIGNAT	URE	
	NAME		ADDRESS			ALIG	2 6 1097	1.1: B	4	2. 1001	7
1	EROY O. DYET	T 4600 L	IBERTY	HEIG	HTS	NUU	7 0 1901	June 1	mond.	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

1064	Oaq Abu y abo	the funeral director, page 3 setting 72 hours after descri-	AUG
1021201	A hour often death Page 4	Man like menned of	を対す
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The success	Manual Call	September 1
W. PRESTON ST., B.	TENDANG PHYSICIAM. The law requires that the depth certificate be ex-	COR. After this sentificate has been agained by the otherding obystance and on a unit as the bound stands per mit. They piece sentance corbon poperting the part of the piece sentance corbon poperting the process of the piece.	2) is marked as hern 18 short on priory, or other trainmatic event, the marked as hern 18 short day injury, or other trainmatic event, the market as the contract of the contr
VITAL RECORDS, 201	N. The law requires the	cate has been signed ansit permit. Then place	8 sport any injury, or
DIVISION OF	TENDING PHYSICIAN The	OR, After this sentili- or use as the burial-to	I is marked or hem.

	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	L HYG	REG. NO.
	J. FOX	LAST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2:77 PM
4 RACE		ATE OF BIRTH MONTH an. 3, 1899	R	6 AGE (NYEARS (AST BIRTHDAY) IF UNDER TIMEAR IF UNDER 73 NO. MIN. 88 YRS.
USA	WHAT COUNTRY? B. MA WID HOSPITAL, NURSING HO	ARRIED NEVER MARRIED OWED DIVORCED ME OR OTHER INSTITUTION		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR
	MEMORIAL H			Inspector West. Electric
	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMI YES 🎦 NO 🗌		3501 St. Paul St. 21218
J. Fox	LAST	15. MOTHER'S MAIDE		da Hancock
WED FORCES?	216 01 9280		a M	• Fox 3501 St. Paul St18
y one couse per) BY E CAUSE (a)	line for (a), (b), and (c)	N CARDA	4e	ARNOST BETWEEN ONSET AND DEATH
DUE TO, OI	R AS A CONSEQUENCE	MONARY	E	TRE
ONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
e	HIP (ATION WAS PERFORMED FNAUW RE	2	200 AUTOPSY? YES NO
216. TIME O HOUR A.	M. MONTH DAY Y	187 Fev	CCURR	TO FLOOR JA AFT. CITY OF TOWN COUNTY SLATE
of January Ch	1191087	street	S	PAVES, T. BAUT MD Z 12 18
L Co	Of .	DEGREE CERTIFIC ATTENDS PHYSICI	ING _	APPROVED DY STAFF 8 1987
COOP	dR M	.D. 201 E.		UTVERSITY PKWY BAUT, M.D.
23b. DATE	23c NAME	OF CEMETERY OR CREMAT	ORY	23d LOCATION

DHMH - 16 60M 7/84

(VRA 15, 4)

FUNERAL DIRECT MAIN TO BE SHOULD BE STONE DEPOT

MPORTANT

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

Entombment

230 BURIAL, CREMATION, REMOVAL

224 SIGNATUR

FOR - STATE REGISTRAR

1.5EX

87

Va.

4 FATHER'S NAME

M To. BIRTHPLACE ISTATE OF FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 130 STATE 136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FO

Canditions, if any, which gave rise to immediate cause to, stoting the

underlying cause last

190 DATE OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22s I certify that (I This haspital) often

(and) stild not view to

18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIE

BALTIMORE

FIRST ROBERT

 $\text{Edward}^{\text{MODLE}} J.$

I IF YES GIVE WAR OR I

IMMEDIATE CAUSE

4 RACE

7b. CITIZ

8/22/87 Dulaney Valley Timonium, Md.

6500 York Rd.

	Payle				18 ES 2UN 1
		,	.05		
					.6.7
	s ortog				
ot. 111	25 1 Et. a: 1		all La one		
	, J V J J E			· 25	
rj r s	. f 1 2 m.	rs. Mars	2 12		C
0					
	25, 1315				
	Control of the Contro				
	and and		Tis Ti		

. to . t

2 ino i ino i d

CTTS COLL-III TOWN, I TOWN, INC. | SELO FOR FIG. 1 AND 2 6 1934 FOR MELLING

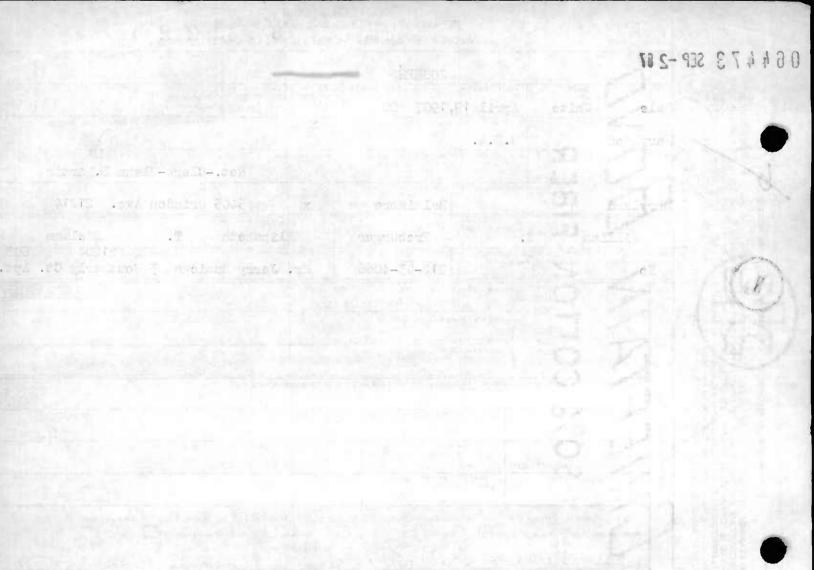
BP_ DHMH - 16 60M

0646

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH Q

SEP -3	87-	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO.				
- V	DEC	CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
0 0	(ITPE	KURT	ALAN	F	RANK	8	31 87 5:20 %			
6	3. SEX		4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
urs ofter death		M	C	MONTH	30 55	32 YR	MONTHS DAYS HOURS MIN.			
hou lo		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	. /	BALTIMORE CITY OR COUN				
25	C	MARYLAND	US	WIDOWE	D NEVER MARRIED DIVORCED	BALTO CITY				
	M CI	BALTO.	I I NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNIVERSITY HO	SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SELF Employed Photograph				
35	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)		13. STREET ADDRESS / ZIP CO	0.0011			
12	_	THER'S NAME	MIPDLE LAST		15. MOTHER'S MAIDEN NAM	ME	LAST			
600		ROBERT	- rkf		LOLA	B	REED			
8 8/2		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	# 1111 A CO C . III		17. INFORMANT	ADDRESS	21204			
-			216-76	1-8323	Robert J. H	Frank 927 Cromw				
100		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
0 0		PART I. DEATH WAS CAUSE IMMEDIA		non	DRY EME	20/15m	1 HOUR			
it Then please io to burnol, or my rejury, or of	CERTIFICATION	PART 2. OTHER SIGNIFICANT (Totalian 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	Le.	8/17/87	Contract Contract	GIVEN IN PART TO			
111/	RTIFIC					YES NO	PRTIFYING CAUSES OF DEATH? YES NO			
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	IS PART T OR PART 2)			
or the by	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
for use of Health		saw the deleased alive an	atal) attended the deceased from	-	nd that in (my) (our) opinion (deoth occurred on the date and	hour and from the couses stated			
detached ote Dept		Lepher of	(amberon	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/3/87			
should be di with the Sto	W	Stephen	Campbel	11 m	22e ADDRESS					
. ₩ 3 ≤	23a 8	URIAL, COEMATION, REMOVAL	23h DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE			
	,	Burial	9-3-87	Morela	nd Memorial		re, Maryland			
16 60M 7/84 A 15, 4)		NERAL DIRECTOR NAME SSAHN FUNCEN	ADDRESS ADDRESS		91 R Rd. 250 DAT	E REC'D. BY REGISTRAR 756. REC	SISTRAR'S STONATOR			

		1.	FOR Item	1, Fi	lmG631	, 9-3 _D	EPARTMENT OF	TE OF M	ARYLAND AND MENTAL	HYGIENE	0 0		,	
			STATE REGISTRAR				DICAL EXAMIN	NER'S C	Set	OF DEAT	rula la	5 Y	3	
)641	7 3 SEP	2,4	PRINT)	Firs Ch	arles		JOSEPH		eburger eburger	. 2	OF ESTI-	_ ^	30 ₁₉	YEAR 25 HOUR
	PRE PLEA DUR FILE 22 HOUS ON STREE	3. SEX	1	4. RACE White	5 DAT	TE OF BIRTH	YEAR LAST BIRTHI	EARS IF UN	DER TYR. IF UND		C DATE RONOUNCED DEAD	MONTH 8		87 7:1 PA
•	AND NEWS	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Baltimore			76 CT		AT COUNTRY?	Ta .	ED NEVER MA	RRIED 🔲	BALTIMORE CIT	Y OR COUN	TY OF DEAT	
la	4				11. N/	U.S.A. WIDOWED DIVORCED Baltimore Cit II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospital (DOA) Ret.—Clerk—Glenn						126 KIND OF BUSINESS		
21200	ANY DE LAND 3 T	130 S					RESIDENCE BEFORE ADMISS 134 CITY OR TOWN Baltimore	ION)	134. INSIDE CITY LIMITS	35 STREE	Grindon	Ave.	21214	4
RE, MD.	SE S		ATHER'S NAME William S.			E	Freburger		IS. MOTHER'S MAIDEN NAME FIRST Elizabeth T.				an	
1	A PAGES	(A)	VAS DECEASE ES, NO, OR UNKNO TO	DEVER IN U.S WN) (IF YES.	, ARMED FC GIVE WAR OR I	DRCES?	212-03-40		Mr. Je	erry Ru	ADDR Izicka 3			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	UUD BE EXECUTED WITHIN 2 "PENDING" IN PENCIL IN ITEM EF MEDICAL EXAMINER ALONG SED AS A BURIAL -TRANSIT PERMIT HEALTH AND MENTAL HYGIENE AI, CREMATION, OR REMOVAL.	NO	Condition gave ri couse (o lying cou	ATH WAS CA IMME as, if ony, we se to immed stating the un se lost.	USED BY: DIATE CAU chich diote	SE (o) Art DUE TO, OR A (b) DUE TO, OR A	for (o), (b), and (c).) teriosclere AS A CONSEQUENCE AS A CONSEQUENCE UI NOT RELATED TO THE TER	OF OF			disease		BETWEEN	ximate interval Onset and Death
VITAL RE	SHOULD ORD THEF AND THEFT AND THEF AND THEF AND THEF AND THEFT AND TH	CERTIFICATION	19a DATE OF	2576			ION FOR WHICH OPE			ALE:			20 AUTO	
ION OF	INER: THIS CERTIFICATE SHOUL FICATE, WRITING THE WORD "" E FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USET THE STATE DEPARTMENT OF HAND, 21201 PRIQR TO BURIAL CAND, 21201 PRIQR TO BURIAL	MEDICAL CE	UNDERLYING	NG CAUSE		P.M.	MONTH DAY YEA	R	W INJURY OCCUR	RED LENTER NA	ATURE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
DIVIS	WRITIN WRITIN WARDED WAGE 3 S FATE DEP	MED	WHILE AT WORK	NOT WHILE			FINJURY (AT HOME, DRY, FARM, ETC.)		TATION PREET		CITY OR TOWN	C	YINUC	STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		220. I certi death result ACTUAL SIGNATURE		harge of the	[A]	ribed obove, held on Accident , S	Autop:	Homicide TITLE (SPECIFY)	Undeter	Inquiry , rmined monner C	and in my o . DATE SIGN	0_	-31-87
	O MEDI XECUTE AGE 4 AFTER DE SALTIMO	22. 0	EXAMINER'S (TYPE OR PRII URIAL, CREMA	(TV Ma			Korell, M.I		ADDRESS 111		St., Bal	to., M	D 212	201
07/B4 25M	BP	(3	Burial Burial UNERAL DIREC	a boli		2-87			emorial	В	altimore REGISTRAR [256. R	, Mary		STATE
	DHMH - 17 (VR A15 ME (5))				ck, I	ne. Address	altimore, M	d.	SE		1987	~ .		



Employer removiples to tree of real and to the first tree of the f

and comp

entiticate be

ATTENDING PHESE IAN: The low requires that the death

retained by the haspital or attenuing physician.

TO HOSPITAL

BP.

622581

STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		ENE 2	2 5	9 4	
	CEASED NAME FIRST	ALTRIAL I	MIDDLE	L	AST		20. DATE OF DEATH		AY YEAR	76 HOUR
1		RRY LE	ROX	F	REELAND	7		08/0	6/87	6:43 AM
3. SEX		4 RACE	100	5. DATE O	F BIRTH	-	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
1	TALE	WHIT	E	MONTH	/ 03/ 15	EAR	3	YRS	ONTHS DATS	HOURS MIN
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	and .		BALTIMORE CITY		OF DEATH	
3	ARYLAND	11.5	.A.	WIDOWE	DIVORCE		BAITE	10RE	CITU	MD
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME O		-	120 USUAL OCCUPAT	ION		BUSINESS OR
Re	inom The	CTOSS O	HEACHITY, GIVE STREET A	DDRESS)	on Have		PL R 50	OF WORKING LIFE	BLACK	C+ Docker
			GIVE RESIDENCE BEFORE		HI / HUST	- 1	1010. 211	9	100	134 134
130	STATE 136 CO	YTHUC	CITY OR TOWN		13d. INSIDE CITY LIA YES TO NO!		STREET ADDRESS	ZIP CODE	11 -0	657
14. FA	THER'S NAME	11.1.00	I HION IT	77	15 MOTHER'S MAIL	-	82100	7677	KOAU	
7-	FIRST	MIODLE	CO- SAST	^	G - FIRST	110	MIDDLE		O O IASI	
160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	JIV NIO	17 INFORMANT	HH	ADDR		THE	2
		GIVE WAR OR DATES)	0 15 1 2	1 =			Per no	-		
	10		1919107	677	FAMIL	7	NECOKU!	>	ANSSAVIA	WALLEY BY AT
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one cause per JSED BY:								NATE INTERVAL
	IMME	NATE CAUSE (a)	CARDIO PU	LHOA	JARY AC	RES	+	-	30 4	niunteg
			R AS A CONSEQUEN	NCE OF						
10	Conditions, if any, which gave rise to immediate		Cerebron	ASCU	los Acci	tules				
	cause (a), stating the underlying couse last		R AS A CONSEQUEN	NCE OF						
		(c)							1	
Z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART Ita	
CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH O	PERATION	V WAS PERFORMED		20a AUTOPSY?	20h JE YES	WERE FINDIN	GSTISED
FIC			o oc.	31 21171107	THE TEN ON MED			IN CERTIFY	TING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME C	DE IN HIRY		1217 HOW IN HIRY	OCCUPPE	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF		M. MONTH DAY	Y YEAR	THE HOW WAJORT	OCCORRE	D (ENTER NATURE OF INJ	JKT IN HEM 18 PA	RI I ORPARI ZI	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		M.	19	AU LOCATION					
MED	WHIE NOT WHIE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM ETC)	ZII. LOCATION		CITY OR TO	DWN	COUNTY	STATE
	AT WORK AT WORK				(3/	27		0//	O 1	
2	22a I certify that () (this h		011	37 00	7/21 19.	8+	_, to	6/6,1		hat (i (we) last
	saw the deceased alive abave, (M (we) (did) (dec	(not) view the bady	after death.			apinion de	eath occurred an the c	late and haur		
	22b. SIGNATURE				DEGREE ATTENI	DING	MEDICAL STA	FF	22c. DATE S	
	- Fries			8	PHYSIC		DIRECTOR PHYSI		8/6	187
	228. PHYSICIAN'S NAME (IT				220 ADDRESS	- 01	MARITAN	Li.	71920	A)
	FAOT	CHIAWLI			Coop	SMI	- THE THEO	77	02111	110
230 B	SURIAL, CREMATION, REMOV	AL 236. DATE	23c. N	AME OF CI	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE
B	URIAL	1A06.8	3,427 01	LAN	EY VALLS	24	Timon	nun	BALTO	- MO.
24 FL	INERAL DIRECTOR		ADDRESS	300 F	1ARFORD	250 DATE	REC'D BY REGISTRA		AR'S SIGNATU	
5	VANS CHAP	SLOFI	2MORis	SR	0.00	HUU	1987	guita	Designation !	(manual parties)

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending abysission and is should be detached for use as the pure increasit permit. Then please remove carbon papers. Pages with the State Dept of Health and Wental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is montation than 18 shows only

DHMH - 16 60M 7/84 (VRA 15, 4)

62251 AUG 1187 1879 17 PARTE ANTINE COLUMN ANTIC MENTE AUB 10 (SE) July July AUB 10 (SE)

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

death Page 4 may be

Poges 1

MPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other tra

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

1 -	STATE REGISTRAR	PAT AT		FICATE OF DEATH	REG. N	10 ===	9 1	
	SED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
(I TPE	JOSEI	рн		FREET	AUGUST	14.	1987	8:00
3. SEX		4 RACE	5. DATE (6. AGE (IN YEARS LAST BI		IE UNDER 1 YEAR	IF UNDER 24
	male	White	2 MONT	25° 07°	80	YRS	MONTHS DAYS	HOURS A
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	RY? 8. MARRIE WIDOWI	D NEVER MARRIED TO	Baltimore City			
10 CI	Baltimore	11, NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR CHUTCH	SING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
130. S	AL RESIDENCE (IF NURSING HOME COU	NOTHER INSTITUTION, GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS? YES A NO	134 STREET ADDRESS	ZIP COL	ospice	212
I4 FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAMERST			LAS	
	VAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDR	ESS		
{ ¥	YES, NO OR UNKNOWN) (IE YES, G	IVE WAR OR DATES) 216-28	3-9662	Teresa Jet	er 1114 0	athe	dral S	treet
NO		OUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	O DEATH BUT		LINAL DISEASE OR CON	IDITION G	IVEN IN PART I	a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET EACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	own	COUNTY	STATE
	saw the deceased alive or about the world ided in	AUGUST 14 19	87_, a	ST 14 , 19 87 and that in (my) (our) aprinan (death accurred on the c	late and ho	19, iui and fram the	that (I) (we) causes stated
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	D CO PRINTI			MEDICAL STA DIRECTOR PHYSI CHURCH HO	CIAN	AL COR	14/2
	THOMAS AH			100 N. BRO				
23a B	BURIAL, CREMATION, REMOVAL SPECIEY) Burial			EMETERY OR CREMATORY Heart offJ			CO.	Md
	UNERAL DIRECTOR	s FH 1701 McC		25a. DAT	E REC'D. BY REGISTRAF	25b REGIS		

		17	FOR					MARYLAND H AND MENTAL H	YGIENE			
629	O I O AUG	17	STATE SISTRAR					CERTIFICATE O		2:20	5 9 6	
0 2 0	, , 0 ,,00	I DE	GEASED NAMI	Marie	E. Gotsha			LAST	2a DATE K	NOWN X MON	NIH DAY YEAR	26 HOUR
	FT. 85.5.8	(1)	AKA	2 - MA	RTE I	E. I	FRENCE	H	Or	6211	-5-87 19	
	JOHN DE LA COMPANSION D	3 SE	(4. RACE	5 DATE OF BIRTH	6 AGE (IN	YEARS IF UN		24 HRS. 2c DATE	MON		2d HOUR
	DIRECTOR. OUR FILES. 172 HOURS ON STREET,	F)e1	male	White	Sept. 2		YRS.	HOURS HOURS	DEAD	8-	-5-37 19	6:55E
•	AND	B FC	RTHPLACE (ST REIGN COUNTRY) Marylan	d ate or	USA	IAT COUNTRY?		NED NEVER MARRI	ED 🔲	imore at	UNTY OF DEATH	MD
3	PAGE NOTHER	B	altimor	e	Francis		y Medi	ical Center	126 USUAL OCCUP	ATION (TYPE OF WO	Restaur	isiness int
21201	ANY D BETAIN BEOUD BEOUD	113a. S	TATE LATYLAN	13b_COUN	or other institution, GIV TY Limore	RESIDENCE BEFORE ADMIS	SION)	134 INSIDE CITY LIMITS?	13e S#814PDNE	w Battle		
RE, MD.	10 PM	0	ATHER'S NAME FIRST	Edward	Clayton	LAST		15. MOTHER'S MAIDE	tha Can	rter	LAST	366
BALTIMORE	SAGO IN	16a \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR		17. INFORMANT		ADDRESS		
ALTI	S AF GIV PAC VISIC		NO UNKNO	(11 723,002	- WAR ON DATES	212 20 91	23	Leroy F. C	otshall,	Husband	Same	
201 W. PRESTON ST., B	5 × × 1.0 1		18 CAUSE O PART I DE	ATH WAS CAUSE	TE CAUSE (a). AI	rterioscle		cardiovasc	ular disea	ise	APPROXIMATI BETWEEN ONSE	INTERVAL T AND DEATH
PRESTO	THIN 2			ns, if ony, which		as a consequence	OF					
201 W.	XECUTED WITHIN 24 HO NG" IN PENCIL IN ITEM I 2AL EXAMINER ALONG BURIAL TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.			stoting the under-		as a consequence	OF	Carried States				
RECORDS,	LD BE EXECT PENDING" MEDICAL ID AS A BUR HEALTH AND	N.	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TE	RMINAL DISEAS	SE DR CONDITION GIVEN IN PAI	RT 1 (a),			
L REC	LEAN THE A	CERTIFICATION	190 DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	VAS PERFORMED?			20 AUTOPSY	?
MA M	SHOU ORD " CHIEF E USE MURIAL	TFK									YES 🗆	NO IX
DIVISION OF VITAL	THE WATONID BEAUTONID BEAU	CAL CER		CAUSE WAS OR OR OG CAUSE OF	DEATH P.M.	MONTH DAY YE	AR 21c H	OW INJURY OCCURRE	D LENTER NATURE OF MIN	RY IN ITEM 18 PART 1 C	DR PART 2)	
DIVISI	WRITIN WRITIN ARDE AGE 3 ATE DE 1201 F	MEDICAL	21d INJURY C WHILE AT WORK	NOT WHILE [2 le PLACE C SIREET, FACTI	OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR TOW	И	COUNTY	STATE
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BAUTIMORE, MARYLAND, 2			ly that I taok charg	ge of the remains descral causes .	cribed abave, held an	Autop	osy , Inspection	Inquiry		y opinion	
	EXA JID B JID B DIRE WITH	1	ACTUAL		0	a . Ul. 1	1	TITLE (SPECIFY)				
	FEET AND TO THE STATE OF THE ST		SIGNATURE.	MO	wite. V	ing lace	<u>~</u> ~	A.D. Assistan	T MEDICAL EXAMI	NER SK	GNED 8-6	-87
	MEDIK GECUTE AGE 4 S FUNE TTER DE		EXAMINER'S (TYPE OR PRI	VT)		A. Korell			111 Penn S	Street		
07/84	BP PAGE	1	Durial	TION, REMOVAL	8/8/87	Crest L		emorial Pk.		Co., Md	•	TATE
25M	DHMH - 17 (VR A15 ME (5))	10.1	vzdzins	ki Funer	al lyme t	1407 01d	East	ern Avalla	REC'D. BY REGISTRAR	256 REGISTRAR		

me breit light light light light care

	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND REALTH AND MENTAL HYS CATE OF DEATH	IENE 2 2 6 9 7
157	JG.E	GEASED NAME FIRST	aniel B. Fre	JR,	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 32/PM
rs offer d	3. SE	Male	4 RACE S. DATE C		6. AGE (IN YEARS LAST BIRTHDA) HUNDER 1 YEAR IF UNDER 24 HRS. 73 YRS. HOURS MIN.
To T	1111	RTHPLACE (STATE OR FOREIGN COUNTRY), City	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	DIVORCED	Baltimore City MD.
by the func filed within		BACT City	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mercy Hospital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ACCOUNTANT—Ret. 12b. KIND OF BUSINESS OR INDUSTRY State of MD
y filled in by the should be filled w	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Balto. City	134 INSIDE CITY LIMITS? YES [3] NO []	13e STREET ADDRESS / ZIP CODE 2 Charles Ctr. Apt. 1102 North
ond 2 st	14. Fz	ATHER'S NAME Nathaniel	B. Frey, Sr.	15. MOTHER'S MAIDEN NAME Ilena Gale	Dailo. III ZIZUI
Poges,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES GIV	217077676		Frey, 2 Charles Ctr. Apt. 1102
a physical andoper emoval.		PART I. DEATH WAS CAUSE		in Towers-Nor	th Bldg., Balto. 2120 POXIMATE INTERVAL 1 - To-ction T&h-)
aottendin move corb notion, or r troumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b)		
ed by the please re- riol, crem or other		cause (a), stating the underlying cause last			energenters disease Yes
en signi or to bu	NOIT				nnal disease or condition given in Part 110
the principle of the pr	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO
ertificati riol-trans antol Hyg tem 18 si	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

CITY OF TOWN COUNTY STATE

PHYSICIAN

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATUR ATTENDING' MEDICAL STAFF

22d PHYSICIAN'S NAME

22e ADDRESS

DIRECTOR

230. BURIAL, CREMATION, REMOVAL BUTIAL

23b. DATE 8-28-87 230 NAME OF CEMETERY OR CREMATORY Gardens of Faith

23d LOCATION Barto".

COUNTBalto., STMD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

morked or

(VRA 15, 4)

BP.

John Tc. Miller, Inc., 6415 Belair Rd. 21206

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

oge 4 may be 9 0

3

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	NO.	2		6	7)-	NE.	8	
DEATH	MONTH	-	DAY		YEAR	T	26	HOI	ì

DE	GASES NAME	FIRST	M	NDDLE	1	AST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOU	R
		EVA			FREYER		AUGUST 30,	1987		5:1	LO M
3. SE	Х	4	RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS	HOURS	24 HRS MIN.
	FEMALE		CAUCA		AUGU	ST 3, 1895	92	YRS			
	IRTHPLACE (STATE OR	FOREIGN 76			D NEVER MARRIED	9 BALTIMORE CITY					
	GERMANY ITY OR TOWN OF DE		U.S		WIDOWE	DE OTHER INSTITUTION	BALTIMORE				WE
9	ALTIMORE			FACILITY, GIVE STRE EN NURS			120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFI	OF WORKING	LIFE) INDUSTRY	OF BUSINE	:55 OK
	AL RESIDENCE IN NUR		THER INSTITUTION		ORE ADMISSION)						
	ARYLAND			BALTI			4506 N. C	HARLE	S ST. A	APT A	212
14 F	MAX	Mi	DDIE	ICHTËNS	TEIN	JOHANNA	WE		SAMUE	EL	
160 \	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES	213-34-		BETHESDA, MD		T 560	9 ROOSE	VELT	ST.
	PART I. DEATH V	H (Enter only	one cause per l	line for (a), (b),	ond icsa	1			APPRO	XIMATE INTER	VAL DEATH
	TAKT I. DEATH	IMMEDIATE		(Mela	IRC.	arest					
			DUE TO, OR	AS A CONSEO	UENCE OF						
	Conditions, if any	, which	((b)	AS	CUD				1	00	
	gave rise to im cause (a), stati	mediate	3						0		
	underlying coust		DUE TO, OR	AS A CONSEQ	DUENCE OF						
	PART 2 OTHER SIG	NIFICANTCO	NDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OF COL	ADITION C	IVEN IN DART 1	le.	
NO	alau	AMA	don	100 day	VIN LIA	S THE STATE OF THE TERM	MAL DISEASE OR CO.	4DITION G	INCIA (INTOK)	.0	
CATI	190 DAGE OF OPERA	TION	196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND		
CERTIFICATION	1391-74						YES NO		IFYING CAUSE	S OF DEAT	
GER	210. ACCIDENT WAS UN		216. TIME OF	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM TE	PART I OR PART 2)		
AL	OR CONTRIBUTING		P.A		19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY		211 LOCATION	CITY OR T	Owbl	COUNTY		TATE
\$	WHILE NOT W	HILE D	(AT HOME STRE	EET FACTORY OFFICE	E. FARM ETC }	SINEE	CITORT	OWIA	COUNT	3	IAIE
	22a.1 certify that ()	(this hospito	1) otended the	deceased from	1		10 P/30		19.87	that (live	ve) lost
	sow the decease		8/3		87. or	nd that in (my) (our) opinion o	death occurred on the	date and he	our and from th	e couses sto	ted
	276 SIGNATURE	No. old Hotel	6 ///	110	1	DEGREE			25: DAT	SIGNED	_
	11/1	illa	STONA	V. 10	VINI	ATTENDING	MEDICAL STA		0	4.60	
	THE PHYSIGIAN'S N	AME ITTEL OF	(P.O-V	1 10	MAK	122. ADDRESS	DIRECTOR PHYS	CIAN	0/	3481	_
	ALICIA	COOL-	FOLEY M	D		201 E. UNIV	ERSITY PARI	WAY			
230 1	BURIAL, CREMATION		23b DATE	1 23	NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
	(SPECIFY) BURI		9-1-87		Walliam.	HAVES CHESSET	RANDALI	STOWN	BALTO	MARY	LANI
24 F	UNERAL DIRECTOR S	OL LEV	TNSON 5	RDOS	6010	25a. DAT	E REC'D. BY REGISTRA	R 256 REGIS	STRAR'S SIGNA	IURE	
				AODE ME		SEP	4 1987 4	tia Da	ridorn- Pan	Salls	
n	ETCIPPD Amos										

MD 21215

REISTERSTOWN ROAD BALTIMORE,

(VRA 15, 4)

063462

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 6 2 AUG 5	FOR STATE REPSTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYS	IENE / 2 2	
11.00	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Marga	aret	Fritz	8-11-	-8/934Pm
8 3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF
S of	Female	White	08 27 02	84 YRS.	ONTHS DAYS HOURS MIN.
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Al Al	-3	United States	WIDOWED DIVORCED	Baltimore City	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
by th	Baltimore	Union Memori	al Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Cashier	Sani-Dairy
0 5 0 USU	AL RESIDENCE NG HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	Ocice
filleo ould		edford New Pari			15554 /////
5 50 5	ATHER'S NAME	MIDOLE LAST	15 MOTHER'S MAIDEN NA		LAST
y pa puo	William	P Harris	Martha	MIDDLE	Unknown
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	PA
S. Pog	no	168-50-1	447 Jerry F	ritz Sr. RD, Box	102, New Paris
nysicio oper ovol. nt, th	18 CAUSE OF DEATH (Enter or	bly one couse per line for (a), (b), and	Aurai Maraire		BETWEEN ONSET AND DEATH
g ph poop remo		TE CAUSE (a) METASTATIC	e Ovarian Carcinon	ra	36 MONY
the first		DUE TO, OR AS A CONSEQUE	NCE OF		
ep fee	Conditions, if ony, which gove rise to immediate	(b)			
4 (1)	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
4 10 1 2	onderlying coose lost	(c)			
No.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVE	N IN PART 110
n. nos been required been required been required been repried to the prior to the prior to the requirements been required been required been required been required by the requirements between requirements betw	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
he le				YES NO YES	YING CAUSES OF DEATH?
cote h consit g Hygier 18 shov	210 ACCIDENT WAS UNDERLYING		Y YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 23
ICIA p pl p pl p pl not not not not not not not not not not	OR CONTRIBUTING CAUSE OF DEA	and I	19		
PHYSICIA this certifiche buriol-ind Mentol	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	216 LOCATION	CITY OR TOWN	COUNTY STATE
otte ter t ter t s the s the rked	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY OFFICE, F.	ARM ETC)		N-
A A A A A A A A A A A A A A A A A A A	220.1 certify that (I) (this hospi	tol) ottended the deceased from_	8/5 19.87	_, to	, that (I) (we) lost
Spito CTOP I for of H	sow the deceased alive on above (I) (we) (did) (did no	t view the body after death.	, and that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
OR to ho	22h SIGNATURE	DB1.1	DEGREE	WEDICH CZASS =	220 DATE SIGNED
五十 五十五	Momas	allen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/11/8/
P P P P P P P P P P P P P P P P P P P	THE PHYSICIAN'S NAME (TYPE O	A PRINTI	22e ADDRESS	EMPINION / Afres	2:4/
D# 04 # W	Momas	Oplar	union	11/01/11/11/07	"Tal
	BURIAL, CRÉMATION, REMOVAL (SPECIEY) Burial		orest Lawn Cem.	Johnstown, Ca	ambria PA
74 F	UNERAL DIRECTOR	20 0 0 0	4.6	E REC'D BY REGISTRAR 256 REGISTR	
DHMH - 16 60M 7/84 (VRA 15, 4)	Person FH	auce school	Cure All	1620 mm / 444	Finder Por Las

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 7 0

7 AHC 24 8	7 EG	ISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICA	YE OF DEA	ATH	REG. NO.			
400 Z3	CEAS	SED NAME	FIRST		WIDDLE	19.74	LAST	4 4 1	20. DATE KNO	WN X M	AONTH DAY	YEAR 26 HOUR	R
88年			Charle	es	W.	F	rye		OF ES DEATH MA	TED 🗌	8/ 13/	19 87	N
STREET STREET	EX	4. RA	CE	5. DATE OF BIRTH MONTH DAY	YEAR (AST BI			UNDER 24 HRS.	20 DATE PRONOUNCED		ONTH DAY	YEAR 74 HOU	
280G	BIRTH		W	8 15	26 60	YRS.			9 BALTIMORE	CITY OR C			Λ
		COUNTRY)		78. CITIZEIN OF WI	HAI COUNIKY?		IED NEVER			_		JEATH	
1	CITY	R TOWN OF DE		U	S.A.	WIDOW		IVORCED	Baltin		-	M	0
0		Baltimo		(IF NOT IN SUCH FA	SPITAL, NURSING HI CHITY, GIVE STREET ADDR Vest Stree	ESS)	HER INSTITUTION		MOST OF WORKING		WORK 12b KIN	ND OF BUSINESS R INDUSTRY	
	UAL RE		URSING HOME OR		VE RESIDENCE BEFORE AD		from memor envir	IMITS? 13e STR	CCT ASSERTED	00	Street	t Person	_
1	MD		130. COOKI		BALTIM		1				ver Si		٦
1		R'S NAME FIRST		WIDDLE	LAST	IV.KII	15 MOTHER'S FIRST	MAIDEN NAME		marios		LAST	-
		DECEASED EVER	R IN U.S. ARM		166. SOCIAL SECT		17. INFORMAN	cer S.	D. Suv	DDRESS			
					579-26		Sout	hern D	istric	+	7700		
	18	CAUSE OF DEA	TH (Enter only	ane cause per line	far (a), (b), and (c).				rdiovas	cular	AP BETV	PPROXIMATE INTERVAL	
į		PAKITUEAIN V		CAUSE (a)		Disea	ise and	Alco	holism				
				DUE TO, OR	AS A CONSEQUEN	ICE OF							
REA		Canditions, if		(b).							17 160		
		cause (a) statin	g the under-	< 1-1-	AS A CONSEQUEN	ICE OF			11 15				Ī
		lying couse lost	-	(6)							80 3		
ATION	PAR	T 2 OTNER SIGNIFICA	NT CONDITIONS CO	DHTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART L IO					-
CERTIFICATION													
7 3	190	DATE OF OPER	ATION	196. CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED)?	4445	- 11	20 A	AUTOPSY?	-
/ E				1							Y	YES X NO T	
	21a	EXTERNAL CAL		216. TIME OF		21c Ho	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	TITEM 18 PART			
		DERLYING UNITRIBUTING			MONTH DAY	YEAR							
MEDICAL	21d.	IN IURY OCCUP	RRED	21e PLACE	OF INJURY (ATHOM		CATION						
X	WH	WORK AT	WORK	STREET, FACT	FORY, FARM, ETC.)	5	STREET		CITY OR TOWN		COUNTY	STATE	
0				-141		on Autop	XXI .						-
		100		[TV]	cribed obave, held o			spection,	Inquiry L		my opinion		
	de	noth resulted trag	" Notura	couses (A)	Ccident	Suicide	, Hamicide		ermined monner	L.			
BALTIMORE, MARYLAND, 2	AC	TUAL AL	lini	16 TX	rus hi	11.14	THE SPEC				DATE S	8/13/87	
1	510	NATURE 1	Lun	100	111	unity	6. ASSIS	tant MED	ICAL EXAMINER	₹ 5	SIGNED	3/13/0/	
	EXA	MINER'S NAME	17	nia II O	muleba ne n			111	Dores O				
aghir mas	(TYI	PE OR PRINT)	Deni		nytin, M.D.		ADDRESS		Penn S	С.			=
23a	BURIA (SPECIF	L, CREMATION,	REMOVAL 236	b. DATE	23c NAME OF	CEMETERY O	RCREMATORY	23d LC	ORTOWN		COUNTY	STATE	
		moval	18	3-19-87					100				
24	FUNER	RAL DIRECTOR		ADDRESS			471	DATE REC'D BY	REGISTRAR 7	b PEGISTRA	AR'S SIGNATI	URF	ĺ
(5))	St	ate An	atomy	Roard	Ral+o	БМ	700	DOI B	011		1		

AUS 24 Sec - War All Park

		0	2	-	-	5	9
		Tr.	£	1		P	Ī
		3	- ā	3	p	5	f
5	12	1	35	4		0	0
5	1	5	- 5	43		0	-
2		5	70	à	d	+	
9		4	<u>e</u>	P		É	
A		c	4	0		1	
Z		+	- e	36	-	n e	Ī
8		3	<u>e</u>	P	1	E	7
3		0	E	0	16	X	Ä
m,		5	0	-	1	0	
~		ě .	-70	0	4	of C	
¥		0,10	0	0	ь.	TI-	1
E		0	20	100	36	9	W
¥		0	2	be	o o	=	
80	1	S.	主	00	ò	10	
10		3	0.	8	E .	eve	
Z		S	- C	5	7	.v	
0		£	P	0	0	0	
SI		e	1	V.	0	50	
ă.		9	6)	5	10	=	
		÷	£	0	e	ē	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		ō	ò	se.	Ū,	to	
0		+	P	e	0	Ď	
. 2		9	2	0	20	2	
DS		5	. 5	he	0	.5	
8		ě	0	-	2	.=	_
ö		3	Pe	E	0.10	SP)	1
S.		0	S	er	0	5	-
7		a D	ř	0	e	o-	-
=		T 015	e -	ns.	29	2	3
>		ZZ	. 0	0	I	38	3
C		0	£	-0	0	E	
z		SA	9		0	#	C
0		H P	SE	٥	2	ö	Ĭ
15		d d	- t-	÷.	ů,	ed	
2		20	fre	SO	4	¥	
-		0 0	<<	0	0	Ĕ	
		Z -0	8	5	Ĭ	.5	
_		T d		0	ō	2	
		A	E S	O	÷.	E	
		0 0	9	5	o o	=	
1		TO HOSPITAL OR ATTENDING PHYSICIAN: The Interestined by the haspital or otherwing physician.	-	should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 22 hould be filed within	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Irem 21 is marked or Irem 18 shows any injury, or ather traumatic event, the medical examine, must be natified at	
		T >	- X	D	010	Z	7
		SP	Z	be	0	TA	1
		0 9	2	D	÷	00	ij
		10	0	o o	th	APC	Ø
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after desired by the haspital or otherding physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in the internal	35	3	3	Ī

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE						
CERTIFICATE OF DEATH	- 1						

0	7	17	1	1
REG	NO.			4

062090 AUG-	FOR - STATE - RTREGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 PEG. NO 7 0	1
	OVCEASED NAME FIRST (TYPE OR PRINT) MELV	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY AUG. 3,19	YEAR 26 HOUR
nay be page 3	3 SEX	4 RACE	FULD S DATE OF BIRTH		987 6:15PM
cdor p	MALE	WHITE	JULY 18, 19011	86 YRS	HS DAYS HOURS MIN.
nerol du	70. BIRTHPLACE (STATE OR FOREIGN MARY LAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	DEATH MD.
10 P P P P P P P P P P P P P P P P P P P	BALTIMORE		IG HOME OR OTHER INSTITUTION APPRESS AVE.#420 (21215	170 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) PROPRIETOR F	The KIND OF BUSINESS OR NOUSTRY BROS. INC.
YLAND 2120	USUAL RESIDENCE (IF NURSING HOME 130. STATE MARYLAND	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	RE 13d INSIDE CITY LIMITS?	6317 PARK HEIGHTS	APT. 420 AVE. (21215)
MARYL mpletely ond 2	14. FATHER'S NAME FIRST SOLOMON	MIDDLE LAST FULD	15. MOTHER'S MAIDEN N. FIRST FRANCES	RO	DMSHEIM
ote be execut ote be execut system and go years. Pages 1 years.	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)		P. FULD6317 PARK HE	420 (21215) EIGHTS AVE.
the of the	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line for (a), (b), on SED BY: ATE CAUSE (o)	te mioci	ARDIAL INFARCE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTON ST that the death cert by the attending ose remove carba ost remove carba st, remotion, or ret r other troumatic er	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
RECORDS, 201 law requires th ss been signed the remit. Then plea the prior to burial.		EREBROUNS	CULAR 31	3 1 1.	NIMONUS
. 0 - 2 - 3	190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOTEK YES	
N OF VITAI BSICIAN: The ag physicion certificate be miol-transit miol-transit frem 18 sho	OR CONTRACTOR CALLED OF	DEATH HOUR A.M. MONTH D	AY YEAR	IRRED (ENSER NATURE OF INJURY IN ITEM 18 PART 1	ORPART 2)
	(IF EITHER NOTIFY MEDICAL EXAMILE 216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI or TTENDI or TOR A for use of Heal	22a.1 certify that (1) (the saw the deceased alive above. (I) (and (did)	on 19		n death accurred on the date and have and	the (1) lost d from the causes stated
O HOSPITAL OR A betouned by the hos TO FUNERAL DIRECTOR With the Stote Dept.	27b. SIGNATURE	ud B. G		MEDICAL STAFF X DIRECTOR PHYSICIAN	8/4/87
TO HOSPITAL Cretoined by the TO FUNERAL E should be detoined with the Store LIMPORTANT: If	226 PHYSICIAN'S NAME (TYPE) B. CH		COUNTRY BLVD. BALT	O., MD. (21215)
BP	BURIAL BURIAL		NAME OF CEMETERY OR CREMATORY LTIMORE HEBREW	BALTIMORE, MD.	DUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL NAME SOL 6010 REISTERST	LEVINSON & BROS	250 D/	ATE REC'D. BY REGISTRAR 256 REGISTRAR JG 5 1987 Autic 50	'S SIGNATURE

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

DECEASED NAME REG. NO. 20. DATE OF DEATH 2h HOUR FURMAN 4 RACE 5. DATE OF BIRTH 3. SEX IF UNDER ! YEAR MARE MONTH MHITE 1900 7a. BIRTHPLACE ESTATE OR FOREIGN 9. BALTIMORE, CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED mery LANT BALTIMORE WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 126 KIND OF BUSINESS OR REAL ESTAGE (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS) ESTATE BALTIMORE LEVINDALE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION 130 STATE 136 COUNTY 13, CITY OR TOWN 13d. INSIDE CITY LIMITS? 3601 CLARKS LANE 21215 YES TO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME BLUM LOUIS MIDDLE FAINIE FURMAN KNRMXX ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) EDWARD PATZ X% 15 EVAN WAY (21208) -130 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF DISC CARDIOVASCULAR DISEASE Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alife on above, (I) (we) (did) (find not) view the bady after death and that in (my) (our) apinian death occurred an the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) H FWAR 230 BURIAL CREMATION REMOVAL 23d LOCATION 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN BURIAL 8/19/87 BALTIMORE HEBREW BALTIMORE CEM

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be deto

MPORTANT

Hygi

14 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

MARYLAND 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE pula Distilary. Pandall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-1. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNERAL DIRECTOR.
13, RETAIN_PAGE 5 FOR YOUR FILES.
2,5HOULD BENIED, WITHIN 72 HOURS.
2,5HOULD BENIED, WITHIN 72 HOURS. DEATH MATED 12 19 87 Gaines Clarence 6. AGE (IN YEARS IF UNDER 24 HRS. DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 8:55A DEAD 12 1987 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFET Paul St. & Fayette St Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS former 130. STATE 13d INSIDE CITY LIMITS? 136. COUNTY 136 CITY OF TOWN 13e STREET ADDRESS Ave.address BALTIMORE NO [Oakford MD GES 1, 2, M PM 3, AND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST Officer Coward - B.P.D. 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 217-12-0930 516 Unit APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in OF HEALTH CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CETHICATE CHOLDER EXECUTE THE CERTIFICATE WITHOUTH PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNREAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12 19 87 Subject strangled 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK is described above, held on Inspection 22s. I certify that Utook and in my apinion Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL DATE 5/12/87 M.D. Assistant MEDICAL EXAMINER SIGNATURE Charles P. Kokes, M.D. ADDRESS EXAMINER'S NAME Balto.MD. 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY 8-12-87 AJC 2 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE 07.84 BP Remova] 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Balto., Md State Anatomy Board



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B REG. NO.	2	2	7	ΰ
FOFATIL MOUTH	DAY	47.40	Lo	1101

ы		REGISTRAR							REG. NO).	Street (-	-	6m
		CR PRINT) FREDERIC		JACK GY	GAIN	ÈS		20 DATE	OF DEATH	MONTH 9	12 ×	YEAR	26 HOU	45 AM
	3 SEX	m	4 RACE	J	S. DATE O	DAY	YEAR 2	6. AGE (LO LO	'HDAY) YRS	MONTHS	DATS	HOURS	AIN.
4	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0			9 BALTIA	MORE CITY O		Y OF DE	ATH		
5	OK	CLAHCMA.	U	SA	WIDOWE		ORCED		10	alt	-	ity		MD.
1)0 CII	TY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN TH FACILITY, GIVE STREET	ADDRESS)			COMM	ALOCCUPATION OF THE PROPERTY O	IMDUS	SFIRY O	KIND OF		SSOR
	TISHA	LE RESIDENCE (IF MURSING HOME OF		DOSTITUTE		they.	mest. Se	1ve S	PECIAL.	ISI .	- ICC	OMMER	KCE .	JEPI.
9	13a. S	mb ST.		Learerd to	N I	13d INSIDE C	NO D	173	a Glenc			Pm. g	20	650
7	14. FA	THER'S NAME FIRST	MIDDLE	LAST			MAIDEN NA	WE	MIDDLE			LAST		
U		OTIS	L.~	GAINES			RTHA		J			LACKY	VEY	
2		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECUI		17 INFORMA			1730日	LENN	CIRC	CLE		
Sec		NO ·		4580	1-281	6 RUTH	C. GAI	NES,	LEONAL	RDTOM				
	-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per D BY: TE CAUSE (a)	Pespire		Anne	54.					APPROXIM	MATE INTER	
1	/	8807	DUE TO, O	R AS A CONSEQUE	NCE OF							11	30	
1		Canditians, if any, which	(b)	MARSI	رد	in tra	comas	N	emor	hoge	-	48	3	
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	bre.	one	mgm	~	oture	,		4	80	
-1		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	NINAL DISE	ASE OR CONE	DITION G	IVEN IN	PART Ita		No.
	CERTIFICATION	@ multyl	u c	ontusions	1	brain			MSFLAN		uel		hue,	
	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AL	JTOPSY?			E FINDIN CAUSES (
	RTI	none	7 216 TIME C	none		In Howa		YES		-	YES		NO []
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH DA	100	ZIC HOW IN			NATURE OF INJUR	Y IN ITEM 18	PARTIOR	PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		OF INJURY	1 198	211 LOCATIO		m 7	itairs		1	400	men	Jun
2	ME	WHILE IN NOT WHILE		REET, FACTORY, OFFICE, F		STREET	Knows		CITY OR TO	NN	co	NINTY	5	TATE
7		220.1 certify that (I) (this hasp	ital) attended th	un(Cnow		18/87	16	to.	019	187	10	-	hat (1) (we) last
0		saw the deceased alive ar above, (1) (we) (did) (did no	63		4. 5	d that in (my)	(aur) ap il n	egoth Greu	me de do	ate and ho	not used f			
1		22b. SIGNATURE	ot) view the body	atter death.		DEGREE	CERTIFICAT	DON APPRO	OVED THE MED	ICAL ENA	nathan 22	L DATES	SIGNED	
		an	J-18	X			TTENDING PHYSICIAN [MEDICA DIRECTO	AL STAF			2	اواد	67
		274 PHYSICIAN'S NAME SYNT	DESERVED 1	-1-		22e ADDRES			0					F.
		bugene	1.1	overy			mss,	- 1	JAIT-	m	. 1) .			
	- 5	URIAL, CREMATION, REMOVAL	23b DATE	23c N	NAME OF CI	EMETERY OR	CREMATORY		CATION CITY OR TOWN		COUN	iTy		TATE
		BURIAL	8/13/	87 CH	ARLES	MEMOR]	AL GAR	D. LE	ONARDT	WN.	ST.	MAR	S	MD.
		NERAL DIRECTOR VARD N. BRINSFI	TID TO	ADDRESS	TVTCTint	MD	AUG	17	1987	THE YOR	entern	and for	ALC: NO.	1
	EUV	NAKO N. RKINSFI	ELD, JK	., LEUNAR	DIOMN	, №D.			9					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Ewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

162972 AUG 18 67

TOTAL COOK STREET BY SAME SOURCES

AUCENE

064498

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2705

P-2	- STATE OFFGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
1. 01	ECEASED NAME WILL	IAM CI	CERO		LIAHAIR Calle Mair	2e DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR
3. SE	Male		hite	5. DATE C		6 AGE (IN YEARS LAST B	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
9	BIRTHPLACE (STATE OR FOR COUNTRY) ALabama	U.S		MARRIE			ore Cit	y	MD
/Ba	eltimore, Cit	Y Franci	S Scott K	address) ey Me	dical Center	Supervisor Treatme		Util:	lic ity
5 13e	Maryland	Harford	I 3c. CITY OR TOW	N	134. INSIDE CITY LIMITS? YES NOTE	13e STREET ADDRESS 6 Maple 7		2104	0
41		Vashington	Gallah		15. MOTHER'S MAIDEN NA.	Elizabeth		dams	1
2	YES OF UNKNOWN)	U.S. ARMED FORCES? UF YES GIVE WAR OF DATES! Orea-Viet.			Barbara H. G	allahair E	Maple Edgewood	, Mar	
	18. CAUSE OF DEATH (PART I. DEATH WAS		idiovent	Δ	a arrythm	ng		1	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, we gove rise to immed couse (a), stoling underlying couse	which (b)_	OR AS A CONSEQUE	lita				2	months
NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN		
CERTIFICATION	198 DATE OF OPERATIO	DN 196. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES Z NO	206 IF YES, V IN CERTIFYII YES	NG CAUSES	
-	218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH HOUR	OF INJURY A,M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		01001	19_		nd that in (my) (60) opinion	deoth occurred on the	dote and hour a		
	226. SIGNATURE	2.01	linne		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		8/28	SIGNED
1	Theodo	re Maci	Kinney		4940 Eas	tern Ave			
- 18	BURIAL CREMATION, RE	MOVAL 236 DATE Sept.	/		EMETERY OR CREMATORY ury Methodist				Maryland
	FUNERAL DIRECTOR NAME TOWARD K. McC	Comas III A	bingdon,	Maryl	OF O	1 1987	11 0 ~	R'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the

DHMH - 16 60M 7/

(VRA 15, 4)

may be

STATE OF MARYLAND

8722706

25	FOR STATE RECOSTRAR		DEPARTMEN	CERTIFICATE OF DEATH	REG. NO.	2 2
	CEASED NAME FIRST	MIDI		LAST		ONTH DAY YEAR 26 HOUR
1	PATSY	GARRETT	COLLETO	ON GANTT	8/26/87	
3 SE	X	4. RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS
1	FEMALE	В		6/28/1907 FAR	80	YRS MOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
Mo	C Clellancil	le U.	C 20	VIDOWED X DIVORCED	Balto.	City
	ITY OR TOWN OF DEATH		SPITAL, NURSING H	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
1	Balto.	102	0 Brant	ley Ave.	ETYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY
USU/ 130. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIV		_	13e STREET ADDRESS / Z	
14. F.A	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	*
)	Robert Coll	eton	EAST	FIRST	ucy Branto	n
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SE SOCIAL SECURIT		ADDRESS	
l.	YES, NO OR UNKNOWN) (IF YES,	n a	250-50-2	Charlotte	Thompson 2	611 Cylburn Av
	Canditions, if any, which	DUE TO, OR A	MULTIPI AS A CONSEQUENC			
TION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON	AS A CONSEQUENC	CE OF ATH BUT NOT RELATED TO THE TER/		
TIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON	AS A CONSEQUENC	CE OF	20a AUTOPSY?	TION GIVEN IN PART I TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
CAL CERTIFICATION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON 19b. CONDITIC DEATH HOUR A.M.	AS A CONSEQUENCE AS A CONSEQUENCE TRIBUTING TO DEA ON FOR WHICH OP	CE OF ATH BUT NOT RELATED TO THE TER/ PERATION WAS PERFORMED 216. HOW INJURY OCCUP	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YESNO
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON 19b. CONDITION DEATIM HOUR A.M. P.M. 21b. PLACE OF	AS A CONSEQUENCE AS A CONSEQU	TE OF THE BUT NOT RELATED TO THE TERM THE BUT NOT RELATED TO THE TERM THE PERSON WAS PERFORMED YEAR 19 211. LOCATION	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
	Conditions, if any, which gave rise to immediate couse 10), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (#F EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 21d. I Certify that (I) (this has sow the decease plaine	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON 19b. CONDITION 21b. TIME OF II HOUR A.M. HER) P.M. 21b. PLACE OF LAT HOME, STREET	AS A CONSEQUENCE AS A CONSEQU	TE OF THE BUT NOT RELATED TO THE TERM THE BUT NOT RELATED TO THE TERM THE PERATION WAS PERFORMED THE PERMITS OF THE TERM THE PERMITS OF THE T	200 AUTOPSY? YES NO CITY OR TOWN To death occurred an the date	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STA COUNTY STA 19 that (1) (we and hour and fram the couses state
WEDICAL WEDICAL	Conditions, if any, which gave rise to immediate couse lost immediate underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTION OF CAUSE O	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON 19b. CONDITION 19b. CONDITION 19b. CONDITION 21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF IAT HOME, STREET 101 view the bady aft	AS A CONSEQUENCE AS A CONSEQUENCE ITRIBUTING TO DEA ON FOR WHICH OP NJURY MONTH DAY INJURY LFACTORY, OFFICE, FARM deceased from 19 ter death A	TE OF THE BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. LOCATION STREET 19 , and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CONTROL OF INJURY IN CONTROL OF TOWN	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY STA COUNTY STA 19 that (I) (we cand hour and from the couses state 22c. DATE SIGNED

DVETT 4600 LIBERTY HEIGHTS

mediche while our

AUS 27 207 5

30755 -8

In by the funeral director, page 3 be filed within 72 hours ofter death

puo

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medic TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carban papers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

CERTIFICATE OF DEATH

STATE OF MARYLAND 22707

1	REGISTRAR		CERTITI	CAIL OI DEATH	, REG N	0. ,		
	ECEASED NAME FIRST	WIDDLE	LA	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(146	(Cathl	er Peakl		(+0-		2/2	0/27	111 4
3. SE		I RACE	5. DATE O	Jary.	6. AGE (IN YEARS LAST BI	0 / 4	IFUNDER I YEAR	IF UNDER 24 HRS
3. 30	Calle	Alasta	S. DATE O				MONTHS DAYS	HOURS MIN.
	remark	DIACK	3	12 25	62	YRS.		
	STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	? 8	M. Isusa	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1	JAMAICH	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	BAIT	0. Co	11	WE
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	Baltimore.	(IF NOT IN SUCH FACILITY, GIVE STREET	S COTO	KEY	A DEUSP (1)	F WORKING LIF	E) INDUSTRY	
JUST	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		1.	1	1 0-	La	- 112/3
130.	STATE 136. COU	13c. CITY OR TOV	WN I	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	-	diais
	III IP	1217	10.	YES NO	26/36	1/101	TMAI	7 >/
14 F	ATHER'S NAME	MIDDLE A LAST	4 1 14	15. MOTHER'S MAIDEN N	AME MIDDLE		1 LAS	C P
1	Dhis	GARDEN		Christ	10-		7	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	LIRITY NO.	17 INFORMANT	ADDR	ESS		1:717
		VE WAR OR DATES)	Marge	500001 1	1 . 1 21	DEI	16055	2010
_	140 -	- 218-60-	10/5	Joseph (THRY 261	20.1	10-1-111	ANV -
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or	nd (c).)				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	/ 40	DIOPUL	04 Da +0-0	Acces			1 6
	IMMEDIA	TE CAUSE (0)	DIOPUL	MUNITICA	THE TI			1 Com
	The second second	DUE TO, OR AS A CONSEQU	JENCE OF					1 /
	Conditions, if ony, which	(b)	?	OI Ble	col			1 noun
12	gove rise to immediate couse (a), stating the	}						
100	underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF				10.3	
		(c)						
-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
NO NO								
CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES	, WERE FINDIN	NGS USED
5	The second second						YING CAUSES	
E					YES NO		S 🗌	№ □
U	21a ACCIDENT WAS UNDERLYING		NAV VEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	PY IN ITEM 18 P	ART I OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DE							
U	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	AN LOCATION				
MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC 1	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
_	WHILE NOT WHILE AT WORK							
	22a L certify that (I) (this hasp	ital) attended the deceased from.			to		19	that (I) (we) last
	sow the deceased alive on			d that in (my) (our) opinion				
	obove, (1) (we) (did) (did no	at) view the body after death.			r dediti decorred on the c	ore ond noor		
	226. SIGNATURE	/	D	DEGREE			22c. DATE	SIGNED
	- fall	to mo		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [
	22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)		22e. ADDRESS	_ DIRECTOR _ TITLS	-1/1/		
	6000			/		- 1	^	
	mes	s cevy.		V FSK	Hospital	-assem	Itue.	Salt., M
236	BURIAL/CREMATION, REMOVAL	236. DATE / 23c.	NAME OF CE	METERY OR CREMATORY	23d LOCATION			
1	(SPECIEV)	9-9/27	Rel -	com as	PITY OF TOWN	-	COUNTY	12 12
		1-4/0/	TROXE	HS PROPER	HEDUTU	5		1/1/
24 F	UNERALDIRECTOR	1 11	1	/ 25a DA	TE REC'D. BY REGISTRA	TO REGIST	TAKSHEE THE	Marghatte
1	SOTTE LUNGOD	Unne ling ADDRESS	(nn	1:00 54	AUG 3 1 7987	June	Street, Square,	

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or ottending physicion.

BP

AUG 3 1

1201	
12	
MARYLAND 21	
9	
A	
7	
OK .	
ž	
mi	
oz.	
Š	
=	
7	
00	
-	
5	
Z	
2	
LUI .	
OC.	
>	
-	
0	
10	
0	
Ö	
0	
<u>a</u>	
¥	
=	
>	
ō	
Z	
0	
15	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A	
_	
-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORIANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, th

AUG

5

impletely filled in by the funeral director, and 2 should be filed within 72 hours oft

6321

moy be

STATE OF MARYLAND

2

29	87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	. 2	27	8
1		CEASED NAME FIRST		MIDDLE	L	AST	28 DATE OF DEATH	MONTH , DA	YEAR 2b	HOUR
1	11172	PETER		S. III	GAYL	ES	8 7 . 3	8 1	5 87	M
1	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			NDER 23 HRS
	1	MALE	BLACK		MONTH 7	21 14	73	YRS	DAYS HU	URS MIN.
1		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
		NC	U.S./	. F	WIDOWE		BALTIMORE	CITY		MD
1		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON OF WORKING LIFE!		SINESS OR
		ALTIMORE ALRESIDENCE (IF NURSING HOME OR		MEMORIA		PLLAL	KETTKED		WEST. E	EC.
	130 S	MD 136 COUR		BAL TO.		13d INSIDE CITY LIMITS? YES K NO	3020 W. MC	SHERES	TREET 21	216
2	14 FA	JAMES	MIDDLE	GAYLES		IS MOTHER'S MAIDEN NAM	WE		DAVIS	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRI	SS		
	{Y	es no or unknown) (if yes giv	E WAR OR DATES)	118-09-3	87.3A	LILLIAN GAYL	ES 3020 W.	MOSHER	STREET	
1		18 CAUSE OF DEATH (Enter or	ly one couse per	line for ioi, (b), onc	ıc				APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
1		PART I. DEATH WAS CAUSE	TE CAUSE (o)	Cardia	. A	rest			15n	int.
1			DUE TO, O	R AS A CONSEQUE		, ,				
1		Conditions, if ony, which gove rise to immediate	(b)_	Mitabilia	ffer	ار دید ا				
1		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	infa-ction				
1		PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D			INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
1	NO	Renal fai	luve, N	litabolio 3	Inb.1	دسر در				
-	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT	20b IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF I	USED DEATH?
1	CER	210 ACCIDENT WAS UNDERLYING	216 TIME C			21c HOW INJURY OCCURR				
		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.	M. MONTH DA	Y YEAR					
١		LIE EITHER NOTIFY MEDICAL EXAMINER	Р.	Μ.		-				
1	EDIC	(IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	21e PLACE	OF INJURY	19	211 LOCATION	CITY OF TO	IWN	COUNTY	STATE
1	MEDICAL		21e PLACE		19		CITY OR TO	IWN		STATE
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that (1) (this hospi sow the deceased alive on	21e PLACE LAT HOME STI	OF INJURY REET, FACTORY, OFFICE FACTORY, OFFIC	19 ARM, ETC)	STREET	to _ August	15, 19	COUNTY	(I) (we) lost
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (this haspi	21e PLACE LAT HOME STI	OF INJURY REET, FACTORY, OFFICE FACTORY, OFFIC	19 ARM, ETC.)	STREET . 19 4 7	to _ August	15, 19	COUNTY	(1) (we) lost es stoted
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE 21 WORK 220 I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did not above, (1) (we) (we) (we) (we) (we) (we) (we) (we	21e PLACE LAT HOME STI	OF INJURY REET, FACTORY, OFFICE FACTORY, OFFIC	19 ARM, ETC.)	# 14 19 87 and that in (my) (our) opinion a	to _ August	ote and hour of	COUNTY 9 ¥ 1 . that and from the caus	(1) (we) lost es stoted
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE 21 WORK 220 I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did not above, (1) (we) (we) (we) (we) (we) (we) (we) (we	216 PLACE INTHOME STITUTE TO IT OF THE STITUTE TO I	OF INJURY REET, FACTORY, OFFICE FACTORY, OFFIC	19 ARM, ETC.)	street + + + 19 & 7 and that in (my) (our) opinion of DEGREE ATTENDING	to August death accurred on the d	ote and hour of	COUNTY 9 ¥ 1 . that and from the caus	(1) (we) lost es stoted
	23a B	21d INJURY OCCURRED WHILE NOT WHILE 2 220 I certify that (I) (this hasping sow the deceased alive an obove, (I) (we) (did) (did not alive) 22b. SIGNATURE Wallace 22d PHYSICIAN'S NAME (1YPE C) WALL CREMATION, REMOVAL	21e PLACE INTHOME STITUTE TO THE STITUTE OF THE STI	of INJURY REEL FACTORY OFFICE FA e deceosed from / S 19 ofter death. M. D.	19 ARM. ETC) 4	street 19 & 7 and that in (my) (our) opinion of the company opinion of the company opinion of the company opinion of the company opinion opi	MEDICAL STA DIRECTOR PHYSIC	ote and hour of	COUNTY Description of the county 220 DATE SIGN August	(h (we) lost es stoted NED
	23a B	21d INJURY OCCURRED WHILE NOT WHILE 2 220 I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE Wallace 22d PHYSICIAN'S NAME (1996 C	21e PLACE INTHOME STI	of INJURY REEL FACTORY OFFICE FA e deceosed from / S 19 ofter death. D. D. 23c N	ARM, ETC) ARM, ETC) ARM ETC)	STREET THE STREET	medical sta	FF CIAN	COUNTY 9 ¥ 1 . that and from the caus	(1) (we) lost es stoted
	23e B	21d INJURY OCCURRED WHILE NOT WHILE 2 220 I certify that (I) (this hospi sow the deceosed alive on above, (I) (we) (did) (did not 22b. SIGNATURE Wallace 22d PHYSICIAN'S NAME (1YPECURY) WILLIAL, CREMATION, REMOVAL SPECIFY)	21e PLACE IAT HOME STI	of INJURY REEL FACTORY OFFICE FA e deceosed from / S 19 ofter death. D. D. 23c N	ARM, ETC) ARM, ETC) ARM ETC)	STREET THE STREET	medical STA DIRECTOR PHYSIC	one and hour of the stand	COUNTY Description of the county 220 DATE SIGN August	(h (we) lost es stoted NED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

5	TATE	OF M	ARYL	AND		
DEPARTMENT	OF HE	ALTH	AND	MENT	ACHY	GIEN
CFS	ATIEL.	CATE	OF	DEATI	8 40.	en d

2689	ÚS	FOR 187AR		TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	7 221	09
E Company		CEASED NAME PERST NE ///	MIDDLE	Gee	20 DATE OF DEATH MONTH DAY	87 620 M
in the state of th	3. SE)	F	4. RACE \mathcal{B}	5. DATE OF BIRTH MONTH DAY YEAR OO	6. AGE (IN YEARS LAST BIRTHDAY) IF UI MONI	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
uneral din hin 72 ho	70. BII	ATHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	Baltimore CITY OR COUNTY OF	Ety MD.
in by the fee filed with	L	altimere	Deaton Hospi	tol & Medeallenter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
tilled bould b	11	THE S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TO CLUMAS	MILS YES NO	130 STREET ADDRESS / ZIP CODE	load 21117
operated 2	1	Westley	Bell-H	eld 15. MOTHER'S MAIDEN NAM	ADDRESS	Drummonds
Poge medic		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN)] IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 239-38	8-0515 Mary Mi	16 22 E. Rich	hmar Rd.
ng physicior bonpopers. r remaval. ic event, the	7	PARTI DEATH WAS CAUSE		ration of vonitus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attendiose remove co ose remove co I, cremotian, a other troumat		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	entia		
Then plea to buria	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	nal disease or condition given	IN PART 1:a
grene prior	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED		G CAUSES OF DEATH?
entol Hygie		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		DAY YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
ked or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
of Health	7	220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did no	of ottended the deceased from	27	leath occurred an the date and hour an	that (1) we last
Star Dept.		226. SIGNATURE TRUBBLE 226. PHYSICIAN'S NAME (TYPE O	A R PRINT)	DEGREE ATTENDING PHYSICIAN 720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8/8/87
with the Sta			HURST			
		URIAL, CREMATION, REMOVAL SPECIFY) Burial		Oak Grove Cem.	Littleton, N.C	OUNTY STATE
6 60M 7/84 15, 4)	24 FU	WM C. Marci	h F/H West 43	00 Wabash Ave. AUG T	REC'D GREGISTRAR 256 REGISTRAR	salen mer

death. Page 4 may be within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificate be executed requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

P -	87	FOR STATE REGISTRAR		DEPARTA	CERTIF	ICATE OF DEATH	IENE 2 2 REG. NO.	710
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MON	20 1100K
	(I the		LIMI	D.	GE	The state of the s	8/3	0/87 1058 A
	3. SE.	X	4. RACE	^	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HR
		M.	8.	1	MONTH	93 47	39.	MONTHS DAYS HOURS MH
10/		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 -		9. BALTIMORE CITY OR CO	OUNTY OF DEATH
-	7	VO. USA.	USA.		MARRIE		city.	
0		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	126, KIND OF BUSINESS C
15	1	Paltimon /	6000	S AMALITY	12 6	Hoop tol.	(Type of work for most of wor Nurse	RKING LIFE} INDUSTRY0
5	13a. S	AL RESIDENCE (IF NURS IN ISMI	INTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
	1		one	Balti	more	YESA NO	3021 Rosel	and Ave. 2121
E .	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAST
81						Otellia B	urnice Gee	1001
OJIDA		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	1 5601 LO
E				22466	7604	(0000 Alu	ucardoan H	of tol 2:239. 16
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe	er line for (o), (b), one	d IC			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Ven			SED BY: ATE CAUSE (a)(Prece mor	ustic	meuniquia		
10 4		IMMEDI			7	/		
250		Conditions, if any, which	DUE 10, 0	OR AS A CONSEQUE	ENCE OF	/		
2		gove rise to immediate	(6)	71100				
)					
100		cause (a), stating the underlying couse last.	DUE TO, C	OR AS A CONSEQUE	ENCE OF			
or office		cause (a), stating the underlying cause last.	(c)			NOT BELATED TO THE YEAR	ALAL DISEASE OF CONDITION	
yory, or omer	NC	cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(c)_	CONTRIBUTING TO D	DEATH BUT		INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
uy injury, or orner	ATION	cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	conditions of	CONTRIBUTING TO D	DEATH BUT	-).		
The minute or other	IFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN Recal 7	conditions of	CONTRIBUTING TO D	DEATH BUT		20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The same injury, or other	ERTIFICATION	PART 2 OTHER SIGNIFICAN RECED 7	CONDITIONS CONT	CONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
Stows any injury, or other	AL CERTIFICATION	Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Recal 7 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF THE CAUSE	CONDITIONS CONTINUES CONTI	ONTRIBUTING TO DE	DEATH BUT Stofe OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
2 Section and injury, or other		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Recal 7 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CLIFFLING ALEXAMIN	I CONDITIONS CONDITION	ONTRIBUTING TO DE	DEATH BUT Stofe OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YESNO
2 Constant of the conference o	MEDICAL CERTIFICATION	Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE LEFT CHE NOTHER MODICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING NOTHER DOLLAR EXAMINATION OF CONTRIBUTING OR CONTRIBUTING NOTHER OF CHECK OF CHECK OF CONTRIBUTING OF CONTRIBUTING NOTHER OF CONTRIBUTION OF CONTRIBUTING NOTHER OF CON	CONDITIONS CONTINUES CONTI	ONTRIBUTING TO DE	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YESNO
Source of ment to subset and injury, of other		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOT WHILE AT WORK AT WORK	19b CONE 19b	OF INJURY	OPERATIO AY YEAR 19	216 HOW INJURY OCCURR	200 AUTOPSY? 706 IN YES NOTHER NATURE OF INJURY IN I	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART I OR PART ?)
is increase of trem to supply of other		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE LEFT CHE CONTRIBUTING CONTRIBUTING CHE CONTRIBUTING CHE	CONDITIONS CONTIONS C	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION OF INJURY OF INJURY OF INJURY IREET, FACTORY, OFFICE F. The deceosed from.	OPERATIO AY YEAR 19 ARM, ETC 1	216 HOW INJURY OCCURE 211 LOCATION STREET	200 AUTOPSY? 200 IN YES NOW NED (ENIER NATURE OF INJURY IN I	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEEM 18 PART LOR PART 2) COUNTY STATE
II T I I I I I I I I I I I I I I I I I		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Recal 7 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE ALL WORK NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY THAT (1) (this hos sow the deceosed alive cobove, (1) (we) (did) (did of cobove, (1) (we) (did) (did of cobove, (1) (we)) (did) (did of cobove)	T CONDITIONS COLUMN 196 CONE 196 CONE 196 CONE 198 C	ONTRIBUTING TO E (each d) DITION FOR WHICH OF INJURY A.M. MONTH DA A.M. OF INJURY REET, FACTORY, OFFICE F. the deceosed from 19 2	OPERATIO AY YEAR 19 ARM, ETC 1	216 HOW INJURY OCCURE 211 LOCATION STREET	200 AUTOPSY? 200 IN YES NOW NED (ENIER NATURE OF INJURY IN I	O. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART LOR PART 2) COUNTY STATE
ment 21 13 mot Red of ment to shows only injury, of other		Cause to 1, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER. NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive of the country of th	I CONDITIONS CONTIONS	ONTRIBUTING TO E (Per d OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE F. he deceosed from 19 2 y after death.	OPERATIO AY YEAR 19 ARM, ETC 1	211 LOCATION SIREET 211 (my) (our) opinion of DEGREE	200 AUTOPSY? 700 IN YES NOWN CITY OR TOWN To death occurred on the date o	COUNTY STATE COUNTY STATE
The first in the state of the s		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Recal 7 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE ALL WORK NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY THAT (1) (this hos sow the deceosed alive cobove, (1) (we) (did) (did of cobove, (1) (we) (did) (did of cobove, (1) (we)) (did) (did of cobove)	T CONDITIONS COLUMN 196 CONE 196 CONE 196 CONE 198 C	ONTRIBUTING TO E (Per d OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE F. he deceosed from 19 2 y after death.	OPERATIO AY YEAR 19 ARM, ETC 1	211 LOCATION SIREET 211 (my) (our) opinion of	200 AUTOPSY? 200 IN YES NOWN CITY OR TOWN T, to Geath occurred on the date o	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART LOR PART 2) COUNTY STATE COUNTY STATE 126. DATE SIGNED 272. DATE SIGNED
ANI: If them 21 is morked of them		Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN Recal 7 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE ALL WORK NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY THAT (1) (this hos sow the deceosed alive cobove, (1) (we) (did) (did of cobove, (1) (we) (did) (did of cobove, (1) (we)) (did) (did of cobove)	T CONDITIONS COLUMN 196 CONE 196 CONE 196 CONE 198 C	ONTRIBUTING TO E (Per d OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE F. he deceosed from 19 2 y after death.	OPERATIO AY YEAR 19 ARM, ETC 1	211 LOCATION SIREET 21 TO ATION STREET DEGREE ATTENDING	200 AUTOPSY? 200 IN YES NOWN CITY OR TOWN To a control on the date of the control of of the	COUNTY STATE COUNTY STATE 226. DATE SIGNED 227. DATE SIGNED 8 7 30 18 7 11
ANI: If them 21 is morked of them		Cause to.), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPH 22d. PHYSICIAN'S NAME TYPH 22d. PHYSICIAN'S NAME TYPH	T CONDITIONS COLUMN 196 CONE 196 CONE 196 CONE 198 C	ONTRIBUTING TO E (Per d OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE F. he deceosed from 19 2 y after death.	OPERATIO AY YEAR 19 ARM, ETC 1	211 LOCATION SIREET 21 ATENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NOWN CITY OR TOWN To a control on the date of the control of of the	COUNTY STATE COUNTY STATE 226. DATE SIGNED 276. DATE SIGNED 276. DATE SIGNED 8730/87/11
WYORIANI: If nem 21 15 morked or nem	MEDICAL	Cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did in the county) 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did in the county) 22d. PHYSICIAN'S NAME TYPE ASSAMD SURIAL, CREMATION, REMOVA	CONDITIONS CONTIONS C	ONTRIBUTING TO E (Per d OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE F. the deceosed from 19 2 y after death.	OPERATIO AY YEAR 19 ARM, ETC 1	211 LOCATION SIREET 211 LOCATION SIREET 212 ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPSY? 200 IN YES NOWN CITY OR TOWN To a control on the date of the control of of the	COUNTY STATE COUNTY STATE 221. DATE SIGNED 222. DATE SIGNED 8730/87/1/
WYORIANI: If nem 21 15 morked or nem	MEDICAL	Cause to.), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPH 22d. PHYSICIAN'S NAME TYPH 22d. PHYSICIAN'S NAME TYPH	CONDITIONS CONTIONS C	ONTRIBUTING TO E (eac d DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY REET, FACTORY, OFFICE F. he deceosed from 19 2 y after death.	OPERATIO OPERATIO AY YEAR 19 ARM. ETC	216 HOW INJURY OCCURR 211 LOCATION STREET 19 And that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e. ADDRESS]	200 AUTOPSY? 200 IN YES NOWN VES NOWN CITY OF TOWN CITY OF TOWN AEDICAL STAFF DRECTOR PHYSICIAN CROWN REDICAL CROWN REDI	COUNTY STATE COUNTY STATE 221. DATE SIGNED 222. DATE SIGNED 8. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 222. DATE SIGNED 8. 73018.7 11

97 A	10 1	FOR 7 REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTALHYO CERTIFICATE OF DEATH	GIENE 2 2 7	İ
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(1176	Will	iam L.	Geisler	Aug. 14, 1987	
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	1	Male	White	UCT.6,1901	85 YRS	MOINING DATS MOURS
200		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED TO	Baltimore CITY OR COUNTY Baltimore	
hoffied	10 CI	TY OR TOWN OF DEATH		ng home or other institution state. Balto. Md.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI) Ret.Insulator	12b. KIND OF BUSINES
2 Supple	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13C CITY OR JOV	VN 13d. INSIDE CITY LIMITS?	112. STREET ADDRESS / 718 CODE	94.9.1
200	14 FA	THER'S NAME George	MDDLE Geisl	er 15. MOTHER'S MAIDEN NA	WE	white
e medicol		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166, SOCIAL SECTIVE WAR OR DATES) 215-01-	URITY NO. 17 INFORMANT	Giffi, 1528 Bo	
removal.		PART I. DEATH WAS CAUS	nly one couse per line for (0), (b), or ED BY. TE CAUSE (0)	Caroline Fai		APPROXIMATE INTERVA
other troumon		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	wheel aleris	elevons	5 yr
injury, or	NOI	PART 2. OTHER SIGNIFICANT	conditions contributing to	Ctue Polynomerated the term	AINAL DISEASE OR CONDITION GIV	
sows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH S NO
em 18 sh	AL	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	Ain	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART 1 OR PART 2)
or h	EDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STA

WHILE NOT WHILE , 19 50 , to Class , 19 50 , that (I) (we) It , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on solve, (I) (we) (did) (did not) view the body after death. 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Aaron C.Sollod, M.D.

230 BURIAL, CREMATION, REMOVAL 236 DATE

707 D. Fort Ave. Balto . Md . 21230 23d LOCATION 230 NAME OF CEMETERY OR CREMATORY

10,66477	Burial	8/18/1987	Cedar	Hill	Cemt - Balto A.A. Corrary land
McCully Funeral Home. 130 L. Fort Ave.					250 DATER D BY REGISTRAN SO. REGISTRAN SCHARLE COLLEGE
McCu.	lly Funera	11 Home, 130	L.Fort	Ave.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPRYGIENE

3090 AUG		STATE REGISTRAR				CERTIF	ICATE OF DEATH	RI	G. NO. 3		1	
PUR UEUC	The	EU LD NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEA	TH MONIH	DAY	YEAR	26 HOUR
oo the o	TITLE	OICH(NT)	ANDR	EW	т.	GEOF	GE		8	15	87	9.
er de	3. SE	Х		4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)		RIYEAR	IF UNDER 24 N
ector,		Male		Whit	е	9-9	-1905 YEAR	81	YRS	MONTHS	DATS	HOURS
72 hou		RTHPLACE (STATE OR COUNTRY)	FORE IGN	76 CITIZEN OF	MHAT COUNT	RY? 8 MARRIE WIDOWE	DI NEVER MARRIED DIVORCED	9 BALTIMORE C	ITY <u>OR</u> COUN L'TI MORE		ATH	
Within with	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCC		12b	KIND OF	BUSINESS
filed th		ALTIMORE C		IINTON	MEMORIA	L HOSPI	TAL	Ret. Se	lf Empl	oyed	Dec	rator
filled in ould be must be	USU,	AL RESIDENCE IF NUR. STATE Md.	13b. COUN	OTHER INSTITUTION	13c CITY OR 1 Bal to	OWN	134 INSIDECITY LIMITS?	13e STREET ADDR 4208 S1	RESS / ZIP CO tanwood	Ave	. 212	206
- y - s - s	14. FA	ATHER'S NAME	1/1-	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	ND16		LAST	
8 (90)		Andrew		M.	George		Bernadine	Mile	note	Noal	ces	
100	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT	, , , , , , , , , , , , , , , , , , ,	ADDRESS		14.00	
[聖][聖]		NO OR UNKNOWN)	[18 163, 614	E WAR OR DAILS	215-22	-9951	Catherine G	eorge, Sa	ame as	13e		
1111		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line for (a), (b	, and ic					APPROXIM	NATE INTERVAL
y49		PART I. DEATH V	VAS CAUSE	Ď BY: E CAUSE (a)		pulman	ANLY Armes	+			1	Days
hos been signed permit. Then ples the prior to buring was any injury, or	CERTIFICATION	20	racdor	y tac	hycard	10.	NOT RELATED TO THE TERM	200 AUTOPSY	20b IF	YES, WERE	E FINDIN	5 -
ronsit p Hygier 18 shor	CERI	210. ACCIDENT WAS UN			OF INJURY	DAY YEAR	21¢ HOW INJURY OCCUR			hand.		
mol-tr entol frem l	CAL	OR CONTRIBUTING		or en	M. NA	19	NA	+				
s the burnond Me	MEDICAL	WHILE AT NOT WE AT WOR	RED	A 21e PLACE	OF INJURY IREET FACTORY, OFF		216 LOCATION STREET	A cit	OR TOWN	(0	UNIY	STATE
S mo		22a 1 certify tho	this hospi	tal) attended t	he deceased fro	m_8/6	. 19 8 5	to_ &	115	. 19 4	7 1	hat (T)(we)
of H	- 1	sow the deceas	ed olive on	8/15	v after death	9 57 01	nd that in (my) (our) opinion	deoth occurred on	the date and h	nour and f	ram the c	auses stated
Direct Dept f Item		226. SIGNATURE	1.0	II VIEW IIIE COO	y differ dealite		DEGREE			22	DATES	IGNED
		m.A.Ke	hler	wan	1 22	- /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN		8/15	187
0 to 4		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e. ADDRESS					
Det a		N.J. KOH	T.FMAN				201 E. UNIVE	RSITY PAR	RKWAY U	NION	MEMO	RIAL
o ds M		BURIAL, CREMATION,		23b. DATE	T	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7			
14-13		Buria		8-18-		Morela		Bal	to., Me	d.	IΤΥ	STATE
16 60M 7/84 RA 15, 4)		uneral director	Ruck	Inc.,	5305 Ĥa	rford R	d. 250 DA	TE REC'D BY REGIS	TRAR Sh REG			de la constante

063090 AUS 1387

the county in the county of the county of 130 Strayon Ave. Stray of I as wheel a substitution of the

Lemma T. Toole, Since, Spite Martine L.

STATE OF MARYLAND	
-------------------	--

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	-	٠.	•	•			-	•	-	-	-		-			-	**	•			
	(Ċ	1	E	R	T	I	F.	k	C	A	T	E	0	F	D	E	A	T	Н	

m			10	-	
d	1	2	2	7	4
-	REG. NO.	60	4		1
					Taraba and

2875 ANG 17:89	DEPARTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGIENE	1 2 27 1 2
1. DECEASED	NAME FIRST MIDDLE LAST	20. DATE OF I	REG. NO. DEATH MONTH DAY YEAR 26 HOUR. 8 8 8 7 1 49
age of a series of	M RACE B 2 S. DATE OF BIRT	H 6. AGE (IN YEAR)	ARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. 52 YRS.
D WOODS	OWN OF DEATH STATE OF PORCION 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER	DIVORCED Bal	THE CITY OR COUNTY OF DEATH THOMAS CITY MECCUPATION THE KIND OF BUSINESS O
10 Balt	IN AME OF DEATH IN NOTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE ADMISSION) ENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE ADMISSION)		FOR MOST OF WORKING LIFE) INDUSTRY
TATHERS	land Bathmore 13d. In YES	10 110	Madison Avenue 21217
160 WAS DEC		FRST ENEVAL	ADDRESS LAST
Yes	INNKNOWN) (IF YES, GIVE WAR OR DATES) 2/3-30-4209 Ali USE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IT I. DEATH WAS CAUSED BY:	ce M. Williams 20	D23 N. Bentslou St.21216
Candi Garage Superior Condi Gave couse under	DUE TO, OR AS A CONSEQUENCE OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	I lung carcinomy	
The Solution of the Solution o	TE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 200 AUTOF	PSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTROLL OR CONTROL	HER NOTIFY MEDICAL EXAMINER) HOUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTER NATU	NO YES NO NO URE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Wife the orked ork	AL WORK	OCATION STREET	CITY OR TOWN COUNTY STATE
CTOR. af for us		in (aur) apinian death accurred	artifice date and hour and from the causes stated
State Design	X Parkhund MD YSICIAN'S NAME (TYPE OR PRINT) 120.	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF 8/8/87
APOR THE	LINDA A. PARKHURST.	RY OR CREMATORY 23d LOCAT	TION
(SPEC#Y)	8-12-87 Garrison Fo	rest Vet. Owing	gs Mills Md: STATE

Brown 1206-08 W. North Ave. 21217

DHMH - 16 60M 7/84

(VRA 15, 4)

March Committee of the Sandyle

IMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.

STATE OF MARYLAND

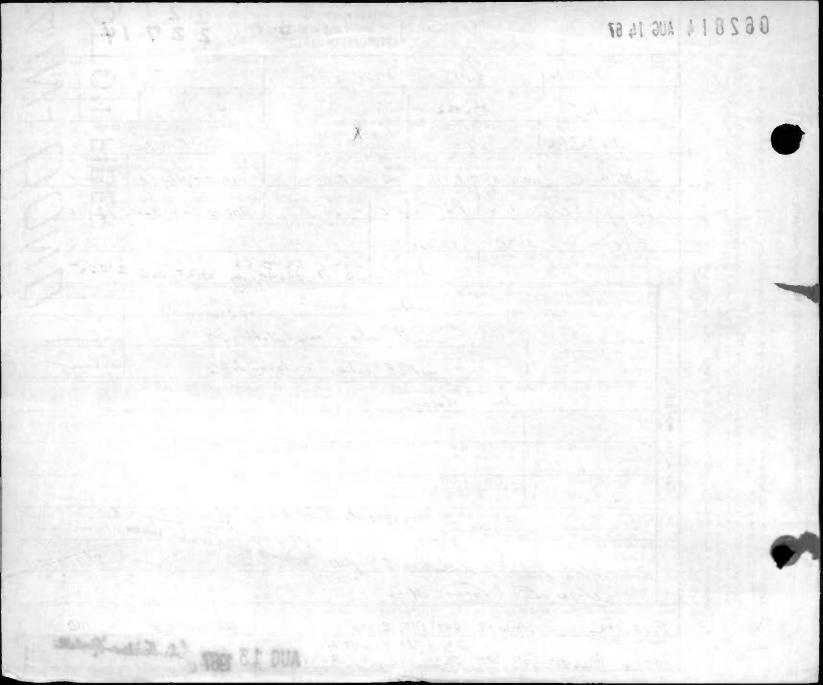
		REGISTRAR			CERTIF	ICATE OF D	EAIN	REG. N	0			
		CEASED NAME FIRST	M	IDDLE	L	AST .		2a DATE OF DEATH	MONTH [DAY YEAR	26 HOU	R_//
	(TYPE	ORPRINI) Leeny	1	IMI	G	-ibson)			8	7 - 87	2	27
	3. SEX	(4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIR	(THDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
		MALE	B	LACK	MONTH	- 19 -	YEAR 38	48	YRS	MONTHS DAYS	HOURS	MIN.
-2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	MARRIEI	NEVER A	APPIED TON	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
4		USA-SCAR.		3A	WIDOWE	DO DA	ORCED		more			MD.
2	10. Cf	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C T ADDRESS)	OR OTHER INST	ITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND C	F BUSINE	SSOR
1		DA/TIMORC	UNIV. OF1	nd med	icAl =	SYSTEM	5	unemp	loyed		-	
	13a S			131. CITY OR TOV	VN	13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS			205	3
	14. FA	THER'S NAME	WIDDLE	4467			MAIDEN NAM	AE .		1		
,		Eddie	NME	Gribs	(40		ATTIE	MIDDLE		RichBo	eq.	
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SEC				ADDR	ESS	, ,	1	
	(4	(IF YES, GIV	E WAR OR DATES)	216-34-	7686	MATTE	. BLOAD	WALL BACK	-mo	21209	-	
		18 CAUSE OF DEATH (Enter or	lu ana sausa nas l	ing for (a) (b) as	nd (c)			July -		APPROX	MATE INTER	VAL
		PART I. DE ATH WAS CAUSE	D BY E CAUSE (o)		line	arrec	+			BEIWEEN	JUZET WAS	DEATH
		IMMEDIA		AS A CONSEQU		51/201						
		Conditions, if ony, which	DOE 10, OR	mifa	//	alue r	egungito	tion		anka	·	
		gove rise to immediate couse (a), stating the	DUE TO	AS A CONSEQU	IENICE OF	A171.00	,			,	1,52	
		underlying couse lost.	(c)	MS A CONSECU		value	endoca	anditis		unka	s co	
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 11	0	
	ě		drug	chose	-	P. 14						
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDIN		
	RTIF							YES NO	YES		NO [
)		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 11	INJURY A. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART (OR FART 2)		
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		١.	19					7575		
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	F INJURY ET, FACTORY, OFFICE.	EARM STC 1	21f. LOCATIO	N	CITY OR TO)WN	COUNTY	5	TATE
	2	AT WORK AT WORK	(A) HOME SINE	ET, TACTORT, OFFICE.	TARM ETC.							
		22a.1 certify that (1) (this hospi	tol) ottended the	deceased from.		4167	19 87	to August	>		that (I) (v	
		sow the deceased alive on above, (I) (we) (did) (did no	1) view the body o	19_	8 or	nd that in (my)	(out) opinion d	oth occurry le.d	ote ond bay	and from the	causes sta	oted
		27b. SIGNATURE	/ /	4		DEGREE	di	APPROVED BY ME		22c. DATE	SIGNED	VIII.
		4/-	n, 9/	MX.	w	no 1	HARACIAN [APPROVED BY MEDICAL STA	CIAN	- 8/	7/8;	>
		22d PHYSICIAN TAME (THE	100			22e ADDRES	S		0			
		Wayne	E. 6	seines 1								
	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	The second second		EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY		TATE
	13	SURIAL	Aug 12		NT. 21			BALTIM			nn)	
	24 FL	JNERAL DIRECTOR		20/ ADDRESS	W. 50	uttt st.	11110	REC'D. BY REGISTRA	25b. RECOST	RAR'S SICKLAI	A.M.	19
	GA	ARY L. RULLINS	FUN. Str	- PREDE	21CK,1	no 217	UNAUG	13 1087	THE PARTY OF			-

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleaf with the State Dept. of Health and Mental Hygiene prior to burial.

(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medica



FOR

(YES. NO, OR UNKNOWN) No

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

0	20	1
6	2.7	

GISTRAR		MEDICAL	FVVIIIIAE	K 2 CEKIIII	CAIL	OFDE	REG.	NO.		
TAPE OF PRINT)	E FIRST	MIDDLE		LAST	bs. ej		20. DATE KNOWN	MONTH	DAY YEAR	2b. HOL
	Rose			Gillar	đ		DEATH MATED	x 8	279 8	7
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDI	R 24 HRS	2c DATE	MONTH	DAY YEAR	2d HOL
Female	Black	2-17-32 YEAR	55 YRS.	MONTHS DAYS	HOURS	WIN	PRONOUNCED DEAD	9	1 19 8	3:2
BIRTHPLACE (S		76 CITIZEN OF WHAT COUN	TRY? 8.	MARRIED N	EVER MAR	RIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Marylar	nd	X U.S.	V	WIDOWED 🔀	DIVOR	CED	Baltimor	e City		N
IL CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTIT	UTION		SUAL OCCUPATION	TYPE OF WORK	176 KIND OF BU	
Bal	ltimore	419 Edsdal				1	R MOST OF WORKING [FE]	CITY I	0 1 4) <u>;</u>
AL RESIDENCE	LIE IN NURSING HOME!	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION							1 17

Maryland 13b. COUNTY Baltimore 4 FATHER'S NAME alter MIDDLE Matthews Lee

Violet MIDDLE Mae Imes 7 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS

15 MOTHER'S MAIDEN NAME

IN U.S. ARMED FORCES?

218-26-392] Floritta Washington 3214 HowardPk

419 Edsdale Rd

		vane couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIAT	BY: CAUSE(0) Arteriosclerotic cardiovascular disease	
1		DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if any, which gave rise to immediate couse (a) stoting the <u>underlying</u> cause last.	(b)	
	PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tight	

Alcoholism 190 DATE OF OPERATION

20 AUTOPSY? HEAD & ABD YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21d INJURY OCCURRED III LOCATION

TIE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK

196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

22a I certify that I tool	k charge of the remains de-	scribed obove, held or	Autopsy	X. Ins	pection		Inquiry [], and in m
death resulted from	Notural causes X.	Accident,	Suicide .	Homicide		Undeter	mined mann	er .

9-5-87

111 Penn St.

9/2/87

Balto.MD

COUNTY

COUNTY

Apt

LAST

TYPE OR PR	INT) Mar	10 F.	Golle,	Jr,	M.D
100					
22- DUDIAL CDEAL	TION DEMON	/A1 225 DA	TE	22-	MANAGO

CEMETERY OR CREMATORY Crownsville Veteran

TITLE (SPECIFY) Assistant

> 23d. LOCATION Crownsville

MD

STATE

DHMH - 17

24 FUNERAL DIRECTOR Irvin Carroll

Burial

1712-14 W. North Av.

256 PEGISTRAP S SIGNATUR

07/84

25M

(VR A15 ME (5))

				7001 7
			Selvine St	
				arsive a
Late T				
	As Equit an	R ARIELY	cwantder	167184
	E mother dust	ettimal. In	C-35-118	
		Tanana a FEA	varwers Will-	

of od	3. SE	X	4 RACE		5 DATE O	FBIRTH	6	AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 Y	EAR IF UNDER 2
cto softe		Male.	B	.Vank	WONTH	21 6	80	79	YRS MONTHS D	ATS HOURS
Pag dire		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRI	0	BALTIMORE CITY OR CO		Н
		VA	U.S	.A.	WIDOWE			BAI TIMORE	CITY	
1		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTE		a USUAL OCCUPATION		OF BUSINES
3 190	-	ALTIMOPE	LIBER	TY MEDICA		TER		N/A		N/A
AND 2	13a.	AL RESIDENCE (IF MURSING HOM) STATE MD 136 CC		13c. CITY OR TOW BALTO		136 INSIDE CITY LIV YES 🖔 NO		STREET ADDRESS / ZIP 2549 KIRK AV	CODE ENUE 21	218
RYL, within	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST
RE, MA	9	CHARLES		GILLESP		ROSA		ADDRESS	SALL	Υ
ORE ond oge		VAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	1 0 1 0 1		1151115	
LTIM				229-14-0		PAULTNE	LUYAL	2549 KIRK A		MOVIMATE INTERV
ST., BAL grificate an paper emaval. event, Th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		CARDIO	-RE	SPIRAT	TOR	Y ARRES	7 BETW	PROXIMATE INTERV ZEEN ONSET AND D
		Conditions, if any, which	DUE TO, O	CONGE	NCE OF	VE HZ	EAR	T FAILL	RE	
W. PRE		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	LAR	HEAR	JDI	SENSE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The law repair that the death or rattending physician. Wher this certificate has been either by the attending as the build iterast permit. That please remove carl the and Mental Hygiene prior to build. Transaction, or acked or tem 18 shows any injury, or other traumation.	N O	PART 2 OTHER SIGNIFICAN	167						ON GIVEN IN PAR	Tlio
AL RECOINT ON THE IOW TO ON. Hos been to permit.	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D		CERTIFYING CALL	
OF VITA CIAN: T physical printicate olistronsintel Hyge em 18 sh	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY IN	ITEM TE PART I OR PAR	T 2)
71510N Trending Trending Trending The burn and Mei	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	COUNT	4 517
ENDING tof or o OR. Afte or use as if Health		22a.1 certify that (1) (this has saw the deceased alive			3-7 .01	- /4- , 19 id that in (my) (our)	87	to 8-30) -, 19 8	Z, that (1) (w)
OR ATT he hospital DIRECT tached for Boopt. of	1	obove, (1) (we) (did) (did 22b. SIGNATURE	R — L	ofter death.				MEDICAL STAFF	1 8	ATE SIGNED
O HOSPITAL TO FUNERAL should be deta	7	226. PHYSICIAN'S NAME ITY	PEOR PRINTI	ER N	100	22e ADDRESS	1 m	DIRECTOR PHYSICIAN	9 10	20 0
Short Short MP Per 10	230	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		
BP		BURIAL	9/4	/87 Mn	UNT 7	ION CEMET	ERY	I ANSDOWNE.	COUNTY	MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR M. C MARCH FA	H. INC.	ADDRESS		AVENUE		3 1987 Jul	REGISTRAR'S SIG	NATURE

1101 E. NORTH AVENUE

MIDDLE

FOR - STATE

L DE SASED NAME

REGISTRAR

MARCH F/H, INC.

ROBERT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

30.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

date and hour and from the causes stated

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

MD

that (I) (we) last

20 DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	I. DE	CEASED NAME FIRST	MIDDLE	i/	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	ID.
	(TYPE	EOR PRINTI WILLIAU	7 Edward	611	UNEN	IAN	16. DATE OF BEATT	8-:	3-8	7	93	PM
	3. SE	x Male	CAUCASIUN	S. DATE O	F BIRTH	Z 9	6 AGE (IN YEARS LAST BII	THDAY)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.
j			CITIZEN OF WHAT COUNTRY?	8	COM		9 BALTIMORE CITY C		Y OF DEA	TH		
-		COUNTRY MARYLAND	USA	WIDOWE		ORCED	Baltimo	re C:				MD.
>	100	CALTIMORE	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH SALTION	DUCE 6	ROTHER INST	LYOSPI	WE OF WORK FOR MOST		(FE) INDL	JSTRY	BUSINE L-Dj	
in the	130 5	May Ly Ly COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13 CITY OR TOW	ADMISSION)	13d. INSIDE CI	NO 🗌	100/1-1	ZIP COD		ck	VE	230
1	C	70 11010	Worth GINNEY	UN	Max	MAIDEN NAM	7 Charl	otte	R	ich E14	ard 406	s
		NAS DECEASED EVER IN U.S. ARMI YES, DOOR UNKNOWN) (18 YES, GIVE V	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 220-22		Mrs.		ADDR Ginnema	C) c	ame	as	#13	
	rion	Conditions, if ony, which gove rise to immediate couse (o), staining the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO CONTRI	ENCE OF	PN Z			DITION GIV	no	,	AATE INTER	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	206 AUTOPSY?	IN CERTI	S, WERE I FYING CA ES			H?
	MEDICAL CES	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PARI 1 OR PA	ART 2)		
	MED	WHILE NOT WHILE AT WORK	?10 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATIO STREET	N	CITY OR TO	wN	COUN	MIA	\$1	TATE
		276.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)	AUG- 3 19		d that in (my) (, 19 37 our) apinion de	eoth occurred on the de		19 8 7		hot (I) (v ouses sto	
		224 BHYSICIAN'S MAME WAS SEE	my h	D	P	TENDING HYSICIAN	MEDICAL STA	F IAN	220.	DATES 2/3	IGNED	7
		ROBERT FE	(NGOL)		300 (2-(401	NOVER S	7. 图	alt	0,0	40.	
	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CE	METERY OR CI	REMATORY	23d LOCATION					

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please maynth the State Dept. of Health and Mental Hygiene prior to burial, creewith the State Dept. of Health and Mental Hygiene prior to burial, creewith

retained by the hospital or

TO HOSPITAL

IMPORTANT: If them 21 is morked or Item 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR McCully Funeral

E. Patapsco sco Ave., Md.21225 Homes Balto ..

Svidom Hardale

		1,	I OK	1,5 Film		DEPAI	STATE RTMENT OF HE	OF MARY		HYGIENE		0.00	
	1.0	1	REGISTRAR		F.H dw		LEXAMINE	R'S CERTI	FICATE O	PDEATI	H REG. N	10.	1 8
3 4	18 AUG 21	84	REASED NAM			MIDDLE		LAST		2a.	DATE KNOWN	X MONTH	DAY YEAR 26 HOL
1	3699B	3 SE	v	Bea 14. RACE	trice			Glasp:	4.00		DEATH MATED	□ 8/	18/19 87
/	三世 子子	3 SE.	^	4. KACE		DAY YEA		MONTHS DAY			DATE	MONTH	DAY YEAR 24 HOL
	NA ZANA		MALE IRTHPLACE (S	BLACK	76. CITIZEN O	9 1	III ITRUIC			0.5	DEAD		18/19 87 a
	80000000	FC	DREIGN COUNTRY)			· ·····Ai CO			NEVER MARR	SIED L	BALTIMORE CITY	_	YOFDEATH
	22 SE	10 C	ITY OR TOWN	OF DEATH	USA II. NAME OF	HOSPITAL, I	NURSING HOME, O	ROTHER INST	DIVOR		altimore		M 17b KIND OF BUSINESS
	PAGE AND THE PAGE		Baltimo		2222	E. Ol.	iver St.			FOR MOST	OF WORKING LIFE)	TO WORK	OR INDUSTRY
. 21201	AND 3	30 S	AL RESIDENCE TATE MD	(IF IN NURSING HO		13c. C	nce before admission) ITY OR TOWN LTO.	13d INS	IDE CITY LIMITS?	13e STREET 2222	ADDRESS OLIV	ER STF	REET 21213
DRE, MD	C Keep 2		ATHER'S NAME FIRST JAMES		MIDDLE		JEFFRIE JEFFRIE	S	THER'S MAID	EN NAME	MIDDLE E.		^L COSBY
SALTIMOR	ETSES /	160. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		OCIAL SECURITY N		ORMANT		ADDRES		an connero
SAL	URS AFTE 8. GIVE WITH FO IT. PACES DIVISION		NO 18 CAUSE C		only one couse pe		3-20-2310	VA	NESSA E	ROSCOE	2222 E.	OLIVE	ER STREET
RECORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN 24 HON ENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG AS A BURIAL - TRANISIT PERMI AND MENTALHY OFFINE CREMATION, OR REMOVAL	2	gave ri cause (a lying cou		ich ote (b) DUE TO	, OR AS A C	ONSEQUENCE OF	DISEASE OR CONO		litus			
REC	The Car	OLL	190. DATE OF	OPERATION	Ties co	NOTION FO	OR WHICH OPERATION	ON WAS BEDE	OBMED 2				To the second se
TAL	P SEC NO.	IFIC.			170.00	I DINOITI C	N WINCH OF ENAIL	OIT WAS FERI	OKMED:				20 AUTOPSY?
DIVISION OF VITAL	TIPICATE SI O THE WO TO THE C HOULD BE ARTMENT IOR TO BU	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE	DF DEATH HOUR	E OF INJURY A.M. MON' P.M.	TH DAY YEAR			D LENTER NATU	RE OF INJURY IN ITEM 18	PART I OR PART	YES NO X
DIVIS	WRITIN WRITIN WARDED AGE 3 S AGE 3 S ATE DEP	MED	WHILE AT WORK	NOT WHILE AT WORK		CE OF INJU , FACTORY, FARA		II. LOCATION STREET		Cit	Y OR TOWN	COUP	NIY STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU	1	220 I certi death resultd ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	ed from _N	orge of the remains o	Acciden		M.D. AS	Inspection	Undetermi	ned monner	DATE SIGNED	8/19/87
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.Bi	URIAL, CREMA	TION, REMOVA	L 236. DATE	23	NAME OF CEMET			23d LOCAT	ION	COUNT	TY STATE
07/84 25M	BP	F	BURTAL.	TOR	8/21/87		KING MEMOI	RIAL PA	RK	RAND	ALLSTOWN		MD
	DHMH - 17 (VR A15 ME (5))	V4. F	M. C. I	MARCH F	/H 1101 ~E	RESS NOR	TH AVENUE		ALIG	20 105	GISTRAR 256: REG	BURGET	

OS OUA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	HE /	2 2	7	9
	(TYPE	OR PRINT) ALIC	E	AIDDLE	310	UER	20. DATE OF DEATH	8-30	5-87	1.20 M
	3. SEX	FFMALF	4. RACE RL A(V	5. DATE C		6. AGE (IN YEARS LAST B	AAG	FUNDER TYEAR	IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
-	10. CI	MD TY OR TOWN OF DEATH				DROTHER INSTITUTION	BALTIMORE 120 USUAL OCCUPA	TION		MD. F BUSINESS OR
-		TIMORE	LIBER	H FACILITY, GIVE STREET A Y MEDICAL GIVE RESIDENCE BEFORE	CEN	TER	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	DOME S	LIC
	13a. S	MD 13b	COUNTY	BAL TO		YES NO			U STRE	ET 21216
7	14 FA	THER'S NAME FIRST N//	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	N/A MIDDLE		LAST	1
		AS DECEASED EVER IN U		214-14-0		THEODORE GLO	ADDI		LOU ST	REET MATE INTERVAL DISSET AND DEATH
	NO	Conditions, if any, whis gave rise to immedia cause (a), stating to underlying cause la	ch (b) the he DUE TO, Office. ANT CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE	NCE OF	SPIRATOR EMIA NOT RELATED TO THE TERM RELATED TO THE TERM RELATED TO THE TERM		ndition give	N IN PART To	
1	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE [21e PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	IRM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
			X **	30- 10	•	7 - 13 -, 19 8 7 nd that in (my) (aur) apinion o	, todeath accurred an the	date and hour	and from the	
		22b. SIGNATURE	Rule	9			MEDICAL STA	AFF ICIAN	S PATE	30-87
		ANIL ,		IKER	أبرار	27e ADDRESS MC	•			
	230 B	URIAL, CREMATION, REMI	OVAL 236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	0.5	COUNTY	STATE

DHMH - 16 60M 7/B4

PORTANT

24 FUNERAL DIRECTOR MARCH F/H, INC. (VRA 15, 4)

IBALIIMURE NAI'L CEM. |

MD

1101 E. NORTH AVENUE

SEPO2 997 Journal P

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WIGIENE

3	87	FOR STATE REGISTRAR			DEP			EALTH AND MENTAL BYG CATE OF DEATH	IENÉ	REG. NO	0. 1		de	
		CEASED NAME OR PRINT)	FIRST	15	MIDDU	GL	0	JER	20 DATE OF D	DEATH	8-1	VEAR 1	2b HOU	UR M
	3. SE	MALE	1	BLAG			ATE O	F BIRTH DAY YEAR 12-12	6 AGE (INYEAR		YRS.	IF UNDER 1 YEAR		R 24 HRS
)	N	ORTH CAR	OLINA	CITIZEN OF	JS	WID	OWE		9 BALTIMOR	CIT	Y			MD
7	B	ALT IMORE		629 sug	RANK	LIN DOUBLE	'OW	ROTHER INSTITUTION N RD.	RETTI	RED	ON F WORKING LIF	E) INDUSTRY	OF BUSIN	IESS OR
	МA	AL RESIDENCE (IF NUR RYLAND	13b COUNT			E BEFORE ADMIS		YES NO	13e STREET AL 629	DDRESS FRA	NKLI	2 N STR	1216 EET	
			klin	DDIE	LAS			15 MOTHER'S MAIDEN NA/ FIRST ALVA	ME	MIDDLE		ţ,	AST	
1		VAS DECEASED EVER (ES. NO OR UNKNOWN) YES	(IF YES, GIVE W			20-70		17 INFORMANT CHART	SA)	ADDRE	SS		60	
		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:	ine far (a), i	a C	(aurest					CONSET AND	
		Conditions, if any		DUE TO, O	RAS A CON	SEQUENCE VICHIAN	OF	aurhythmin	is			4 4	EARS	
		cause 101, stati underlying cause	ng the	(c)	Corn	nary	6	interi dire	car c			.5.	Earl	
	TION	CEN	bro va	Conlar	41	race		NOT RELATED TO THE TERM		-11				
1	CERTIFICATION	190 DATE OF OPERA				VHICH OPER	AHOI	N WAS PERFORMED		ноП	IN CERTIF YE	S, WERE FIND YING CAUSE S	S OF DEA	TH?
	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	Р.	M. MONTI M.	H DAY Y	EAR 19	24c. HOW INJURY OCCURE	RED (ENTERNATU	RE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)		5 X
	MED	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	VHILE _	21e PLACE LAT HOME, STE	OF INJURY REET, FACTORY, C	OFFICE, FARM, ET	(C.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	S	STATE
		220. I certify that (I sow the decess abave, (I) (we) (sed alive on_			from _19	, an	d that in (my) (aur) opinion	death occurred	an the do			e causes st	toted
		122 SIGNATURE	den)	Ly	m)	me	(MEDICAL DIRECTOR	STAF	IAN 🗌	8-	1781	
		FUZ LEVIC		011	n b	10		220. ADDRESS ZUL E Balh	My	2/21	p Pri	27		
	(:	BURIAL, CREMATION SPECIFY) BURIAL	, REMOVAL	23b. DATE 8-17	-87	-		ON FOREST	23d. LOCAT CITY OR I	NGS.	the same of the same of the same of		RYLA	TATE ND
	24. FU	PHERAL DIRECTOR	HILLIP	S 17	21 N.		ROE	A 1	JG 18	GISTRAR 1987	1	Davidson		is.

						STAT	E OF MARYL	AND					
	1.	FOR			DEP	ARTMENT OF H	EALTH AND	MENTAL HYG	SIENE 8	2	2 7	1 9	1
		REGISTRAR				CERTIF	ICATE OF I	EATH =	REG. NO		-	fic.on	
		CEASED NAME	FIRST		MIDDLE	(AST		2a. DATE OF DEATH	MONTH DAY	YE AR	2h HOUR	D
	TIÁBE	OR PRINT)	LOUI	S	E	G	ODLEY	JR.	AUGUST 2	, 198	7	4:10	0 M
1	3. SEX	X		4 RACE	143	5. DATE C			6 AGE (IN YEARS LAST BIRTH		DERIYEAR	IF UNDER 2	
	1	MALE		BLACK		MONTH 8	3	54	32	YRS	S DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	AARRIED X	9 BALTIMORE CITY OF	COUNTY OF D	EATH		
6	7.8	N.C.		U.S	.A.	WIDOWE		VORCED	BALTIMO	RE CI	ΓY		MD.
A	10000	OR TOWN OF DEAT	TH		HOSPITAL, NU	JRSING HOME C	OR OTHER INS	TITUTION	120 USUAL OCCUPATIO		KIND O	F BUSINES	S OR
10	В.	ALTIMORE	0			OPKINS	HOCD	ταντ	(TYPE OF WORK FOR MOST OF	WORKING (IFE) I IIN	DUSIKI		
1		AL RESIDENCE (IF NURSIN		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)							
1	130. 5	MD MD	13b. COUN	TY AND AND ADDRESS OF THE	BALTO		13d INSIDE C	NO T	13e.STREET ADDRESS / 939 DURHAM		212	12	
	14. FA	THER'S NAME			DALI	0.		5 MAIDEN NA		JINLLI	212	.13	
1	10)	LOUIS		E.	CODI	LEY SR.	DD	FIRST	MIDDLE		LAS		
P Col	16n 36	VAS DECEASED EVER II				SECURITY NO.	17 INFORMA	ISCILLA	ADDRES		ARBU	ROUGH	1
		YES, NO OR UNKNOWN)		E WAR OR DATES)									
		NO			212-	<u>-60-4879</u>	PRIS	CILLA Y	'ARBOROUGH 1	L25_BREN			
		18 CAUSE OF DEATH PART I, DEATH WA	Enter on	y ane cause pe	r line far (a), (b	of, and ici.			(-	BETWEEN	MATE INTERV	EATH
				E CAUSE (o)	Cor	diopul	mono	m a	nest		2	minu	24.
		ACCOUNT OF		DUE TO, C	R AS A CONS	EQUENCE OF		1					
		Conditions, if ony,		((b)_	60	am	regal-	ive	sepsis		15	non	5
		gave rise to imme cause (a), stating		DUE TO, C	R AS A CONS	EOUENCE OF_							
	233	underlying cause	last.	(c)_	A	.I.D	.5.				me	nths	5 .
		PART 2 OTHER SIGN	IFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	PART 1	9	
	ō												
	CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WEI			12
1	CERTIFICATION			1 5 -					YES NO	YES 🗌	CAUSES	NO [
^	Ü	210. ACCIDENT WAS UNDE	-	216. TIME C		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I C	OR PART 2)		
1	¥.	OR CONTRIBUTING C		IH.	.M.	19							
	MEDICAL	21d INJURY OCCURRI		21e PLACE	OF INJURY		211 LOCATIO	NC	CITY OR TOW		OUNTY	63	ATE
	¥	WHILE NOT WHI	LE 🔲	AT HOME, ST	REET, FACTORY, OF	FFICE, FARM, ETC)	STREET		CITY OR TOW	N	CONTY	517	A)E
		22a I certify that (I) (this hospi	tal) attended th	ne deceased fr		27	19 87	_ to Aug 2	19_5	-3-	that (I) (we	e) last
		saw the deceased abave, (1) (we) (di	d alive on	Mugust	- a	1987,01	nd that in (my)	(aur) opinian	death occurred on the dat	te and hour and	from the	causes stat	ed
		22b. SIGNATURE	A) view the budy	10.		DEGREE				22c DATE	SIGNED	
	1	1	lan	1 of 1	Alla			ATTENDING PHYSICIAN	MEDICAL STAFF		91	218	7
		234 PHYSICIAN'S NA	ME TYPE O	MAN DE			22e. ADDRES		0	_ ^ 1	0 10		
		NANC.	4 5	D WIG	Son)	600	N. L	20/4 St.	Balto	non	NO	241
		BURIAL, CREMATION, R	REMOVAL	23b. DATE		231 NAME OF C	EMETERY OR	CREMATORY	236 LOCATION		INITY	-	ATE
		RIID TA	١,	8/8/	87	BALTIMO	RE CEME	TERY	BALTIMORE		NIT	MD'	ME

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather roundings

24 FUNERAL DIRECTOR 1101 NORTH AVE. MARCH F/H, INC.

AUG 7 987 Aula Derivar &

Poges

and Mental Hyg

8

rkedor

-

MPORTANT

old be detail the State

0

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22722

- STATE CERTIFICATE OF DEATH REGISTRAR 063520 AUG 20. DATE OF DEATH MIDDLE 2h HOUR (TYPE OR PRINT) $7:30^{A}_{M}$ AUGUST 1987 MARGARET GOEB 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR THE UNDER 24 HRS 1 SEX April 25,1905 82 White Female To BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED . DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Church Hospital Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

[30. STATE | 136. COLINITY | 137. CITY OR TOWN 13a. STATE 1134 INSIDE TTY LIMITS? 13e STREET ADDRESS / ZIP CODE 416 Clc Ham Street 21224 Palto. Md. Balto NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Huggins Maggie Kane 166 SOCIAL SECURITY NO 17 INFORMANT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWNS (IF YES GIVE WAR OR DATES) Arna Schafzschneider 4020 Abingir Dr. 21009 216-24-9249 no IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ASPIRATION PNEUMONIA IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF HEART FAILURE-CARDIAC ARRHYTHMIA Conditions, if ony, which gave rise to immediate ATRIAL FIBRILLATION cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES T NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from JULY to AUGUST and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN 22e ADDRESS CHURCH HOSPITAL CORPORATION WALKER /IMPAGLIATELLI RECADWAY BAITIMORE MD 236. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE (SPECIFY) STATE Oak Lawr Cemetery | Datemore

[250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 DHMH - 16 60M 7/84

STATE OF MARYLAND

26. HOUR

9:40

JIAIL OI MARILAND
DEPARTMENT OF HEALTH AND MENT HYGJEN
CERTIFICATE OF DEATH

MIDDLE

LAST

GOLDBERG

REG. NO.

August 13, 1987

250 DATE REC D. BY REGISTRAR 250 REGISTRAR 5 SIGNATURE

20. DATE OF DEATH MONTH

å	deot	10.0	ELAINE		
C Kom	0	3 SE	X	4 RACE	1000
7	director.	FI	EMALE	LIHM	CE 27
Pogo a			RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTR
eoth.	Amerol Thin 72	M	RYLAND	USA	A
ND 21201	ned with		SALTIMORE		HOSPITAL, NURS
AND 212	fulled in Gold be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU ARYLAND BA		GIVE RESIDENCE BEF
MARYLA	9 N B	W	TULIÜS	MIDDLE	OLDBERG
JMORE, My	ond		VAS DECEASED EVER IN U.S. AF YES, NO PUNKNOWN} (# YES, GI	RMED FORCES? VE WAR OR DATES)	213-28
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITMORE, MARYLAND 2120	in the certifical manner is signed by the attending physician for the control of	MEDICAL CERTIFICATION	18 CAUSE OF DEATH LENter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate couse lost, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE ALWORK ALWORK 22a, I certify that (1) (this hosp	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO 19b. COND AIH R) 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STE	R AS A CONSEG R AS A CONSEG ONTRIBUTING TO ITION FOR WHICH ITION FOR WHICH
27	8 4		tau the deceased alive as		

1 DECEASED NAME

FIRST

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO MD 21215

3 SE	X	4 RACE	TOTAL NO.	5. DATE C			6. AGE (IN YEARS LAST E	IRTHOAY)	MONTHS DATS	IF UNDER 2	MIN.
FI	EMALE	TIHW	E	OCT	3, 1930		56	YRS		HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN ARYLAND	76. CITIZEN OF V USA	vhat country?	MARRIE WIDOWE	NEVER MARR	ED 1	BALTIMORE CITY BALTIMORE	and a	Y OF DEATH		MD.
E	ALTIMORE	THE JOH	N'S HOPKI	NS H	OR OTHER INSTITUTE	ОИ	HOUSEWIF		126. KIND O INDUSTRY		
130. S MA	AL RESIDENCE (IF NURSING HOME OR STATE ARYLAND 13b COUN BA	LTO.	REISTERS		131. INSIDE CITY LI		ios cherry	Z VALL	EY RD.	2113	6
	TULIÜS	MIDDLE GO	LDBERG		GERTRI	JDE	WIDDLE		NBERG LAS	it	
	VAS DECEASED EVER IN U.S. AR YES, NO UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213-28-3		17 INFORMANT 108 CHERI		LLEY RD. F		RSTOWN,	MD 2	1136
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)		Respirar		Arrest				APPROXI BETWEEN (Smir	
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR	ASA CONSEQUE ASA CONSEQUE GASTYI NTRIBUTING TO D	Fal NCE OF NOME		HE TERMI	NAT DISEASE OR CO	NDITION GI	VEN IN PART 110	l wee	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED		YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES []		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEALER OF DEALER OF DEALERS OF DE	P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM 18	PART (OR PART 2)		
MEC	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA		STREET		CITY OR		COUNTY	51	A1E
	22a.1 certify that (1) (this hospi saw the deceased alive an obove, (1) (we) (did) (did no 22b SIGNATORE	August	13 19 5	. 7, ar	nd that in (my) (our) DEGREE ATTEN	DING _		date and had	22c. DATE	SIGNED	
	22d PHYSICIAN'S NAME (14PE C	r prints	×, 1111		PHYSI 22e ADDRESS 600 N.	Wolf	THURSDAY.	altimure	1Avgu 2, MO 2	1205	, 1987
23a E	BURIAL, CREMATION, REMOVAL	23b DATE AUG.14,			EMETERY OR CREM		23d LOCATION			MARYL	AND

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

section below her about the properties.

AUG 20 1987 Phil pariso 7 200

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B7 -	FOR STATE REGISTRAR			HEALTH AND MENT		2 REG NO	27	2 4	
1 DE	CEASED NAME FIRST		MIDDLE	LAST	2n [WE GITTE	MONTH DA	Y YEAR 2	h HOUR
	OR PRINT)	-	1.	oldberg		0	8 28	100	:39 0
						GE (IN YEARS LAST BIRT			F UNDER 24 HRS
3 SE		4 RACE	\$ 1 MOI	OF BIRTH	EAR D. AC	GE (IN YEARS LAST BIR			HOURS MIN
	male	wh	ite o		19	68	YRS		
	RTHPLACE STATE OR FOREIGN	76. CITIZEN O	WHAT COUNTRY?	NEVER MARR	9 B/	ALTIMORE CITY O	R COUNTY O	FDEATH	
	NEW YORK	US				Baltimo	re	city	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME O	HOSPITAL, NURSING HOME			USUAL OCCUPATI		126 KIND OF	BUSINESS OR
de	Baltimore /	Sino			(TYP	SALESMAN		INDUSTRY RETA	ATL.
USU.	AL RESIDENCE (IF NURSING HOME STATE 131, CO	OR OTHER INSTITUTIO	I 130. CITY OR TOWN	N) [13d INSIDE CITY LI	MITS? 13e.5	STREET ADDRESS	ZIP CODE		
	ARYLAND B	ACTO.	BALTIMORE	YES NO		6820 OLD		O RD.	#21209
_	ATHER'S NAME	70,00	DICETTIONE	15 MOTHER'S MAI	DENNAME		ELV	/IDGE	
	LOUIS	MIDDLE	GOLDBERG	RAY		WIDDLE	KKKN	KNKK LAST	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO	. 17 INFORMANM	RS. EST	HER GOLDI	ERG		
- 1	YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	098 - 10-179	9 6820 OLI			21209		
_		-1	- Use for the and serv	0 1	7 11111	O /		APPROXIMA	SET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY	er line far (a), (b), and ic).	(Broth	a.	(lunes.	1.	BETWEEN ON.	SET AND DEATH
	IMMED	IATE CAUSE (a)_		wawa	7-0	July	0		
		DUE TO.	OR AS A CONSEQUENCE OF						
	Conditions, if any, which	(b).							
	gave rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUENCE OF					1100.00	
	underlying cause last	((c)	OK AS A CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICAN	_	CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL	DISEASE OR CON	DITION GIVEN	V IN PART 11a	
Z	Ca	BIA	NOER						
A E	190 DATE OF OPERATION	19h CON	DITION FOR WHICH OPERAT	ION WAS PERFORMED) [2	0a AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
CERTIFICATION	DATE OF OFERATION	1,0 001	DITION ON WINE OF EACH					ING CAUSES O	
RT			25 11 11 12 1	Tax How Millian		ES NOB	YES		NO []
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	L	OF INJURY A.M. MONTH DAY YEA		OCCURRED	ENTER NATURE OF INJU	RY IN ITEM TE PAR	T I OR PART 2)	
¥	(IF EITHER NOTIFY MEDICAL EXAMI		P.M. 19	9					
MEDICAL	214 INJURY OCCURRED		E OF INJURY	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE, FARM ETC }	STREET		CITY CITY			
	22a I certify that (I) (this ha	saital) ettaadad	the deserred from	10	KO	to	10	87 th	ot (I) (we) lost
	sow the deceased afive			and that in (my)		accurred on the d	ate and hour o		
	abave, (l) (we) (did) (did	nat view the box	ly after death.		-				
	226. SIGNATURE	1%	7 /	DEGREE	IDING M	EDICAL STA	cc	22c. DATE SI	9/07
		Men	he	PHYS	ICIAN DI	RECTOR PHYSIC		0/0	1/1/
	224 PHYSICIAN'S NAME (TY	PE OR PRINT	1> ^	22e ADDRESS		-		101	
	BORTS	Kra	DAGE	4000	OCD	COYR	TR	D' WAC	70 2120
230	BURIAL, CREMATION, REMOV	AL 23b. DATE	123, NAME O		ATORY I	34 LOCATION	V -		
238	BURIAL		ARLI	F CEMETERY OR CREM	ATOK1	CITY OR TOWN		COUNTY	STATE
_	DUKIAL	8-30	-87 CHIZ	UK AMUNO	25- DATE DE	BALTIMO	- California - Cal	A D'ORDON LA COMMA	MD
24 F	UNERAL DIRECTOR SOL		N & BROS., INC		SEP 4	C'D. BY REGISTRAIN	KEGISIK	Kaalok	MIN
	6010 REISTERS	COMM DD	RAITO MD	21 21 5	251 4	1001 9	min Pute		

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD.,

BALTO.

BP

INPORTANT; if them 21 is marked or them 18 shows any injury, or other traumatic

SEP A 1987

062636

mpletely filled in by the funeral directai, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

))	M	
REG. NO	4	1	6

FOR STATE	1		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	R	2 2 EG. NO. 2	72	5
I. DECEASED NA		UEL	WIDDLE		DSTEIN	AUGUS	T 6,1987	DAY YEAR	26 HOUR 8:30 F
3. SEX	ALE	4 RACE WHITE		OCT:	22,1896 YEAR	6. AGE (IN YEARS	LAST BIRTHDAY YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
7a. BIRTHPLACE MARYLA			WHAT COUNTRY	? 8 MARRIED WIDOWE	NEVER MARRIED A	1715-1111	RE CITY	OF DEATH	٨
BALTIMO	DRE	FRIEDI	CER"NURS'I	NG HOM	R OTHER INSTITUTION E	DELIVER	UPATION MOST OF WORKING LI YMAN	ISP KIND O	GRAMS
130 MARY LAI	ND 136 CC	E OR OTHER INSTITUTION DUNTY	BALTIMO		13d. INSIDE CITY LIMITS? YES NO 🗌		RESS ZIP COD	1201)	
LOU"		MIDDLE	GOLDSTE	IN	15. MOTHER'S MAIDEN NA		DDLE	GROS'S	MAN
160 WAS DECEAS	ED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 218-52-		MRS. RITA		3237 ROL	LING RD	. (2120
18 CAUSE PART I.		r only one couse pe USED BY DIATE CAUSE (o)			arrest emphatec 7			BETWEEN	MATE INTERVAL
couse (o underlying	ta immediate 1, stating the 1 couse last HER SIGNIFICAT	DUE TO, C	OR AS A CONSEQUENCE OF TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF	CONDITION GIV	VEN IN PART 110	
NO TALE C	FOPERATION				N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIN	OF DEATH?
0.0.00	NT WAS UNDERLYING ITING CAUSE OF	DEATH HOUR A	OF INJURY I.M. MONTH (I.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM IS	PART I OR PART 2)	
VED CONTRIBUTION OF CONTRIBUTI	OCCURRED NOT WHILE AT WORK	21e PLACE (AT HOME SI	OF INJURY TREET, FACTORY OFFICE	FARM EIC)	21f LOCATION STREET	CII	YORTOWN	COUNTY	STATE
		an Augustian to the body		4.0	d that in (my).	deoth occurred or	the date and hou		that (II (we) lo couses stated
22b. SIGNA	TURE	VI	lheir	2 %	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c. DATE	1/7/87
22d PHYSIC	MANU		V		22e ADDRESS	RK HEIGHT		(21215)	
230. BURIAL, CRE.	MATION, REMOV	VAL 236. DATE 8/7/8			ESSETH ISRAFI	ROSEDA	LE, BALT	O., MD.	STATE
24 FUNERAL DIR	SOL.	LEVINSON OWN RD. E	E BROS.		1215) 250 DA	AUG 12	1987° RE	the selend	Mr. Kend

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed, by the attending physicion and should be detached for use as the burial-transit permit. Then please remaye carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cemaglion, or remayol.

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

22726

- STATE 9 87 GISTRAR		CERTIF	FICATE OF DEATH	REG. NO	D.		
DEGEASED NAME FIRST (TYPE OR PRINT) JOE	HOLE	GO	NTRUM	8-16-87	MONTH DAY	Y YEAR	26 HOUR 950 AM
Male Male	4 RACE White	S. DATE O	of BIRTH ust 20, 1918	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Land	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOWI	DED DIVORCED	9 BALTIMORE CITY O	-		MD
ALTIMORE CITY	UNION MEMO	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON F WORKING LIFE)	126 KIND O	F BUSINESS OR
-		or Townle	13d. INSIDE CITY LIMITS?	6946T ADDRESS	ista Ro	1. 210	87
FATHER'S NAME John I		trum	Is, MOTHER'S MAIDEN NA Mary	WIDDLE		Wysze	cki
WAS DECEASED EVER IN U.S. A		32-3162	Mrs. Marilyn	n B. Gontru		e as #:	13e
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	Onsequence of	Leart Failu		DITION CIVE		sdays
	of Unknown	· Origin		200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY AT WORK AT WORK	EATH HOUR A.M. MO	NTH DAY YEAR 19	211 LOCATION STREET			COUNTY	STATE
270 I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did in 27b. SIGNATURE	1	19 87 .0	nd that in (my) (our) opinion DEGREE ATTENDING	medical STAI	F		
22d, PHYSICIAN'S NAME (TYPE			201 E. Unive	rsity Parkwa		n Memo	orial Ho
BURIAL, CREMATION, REMOVA	236. DATE 8-19-87	23c NAME OF C Druid F	CEMETERY OR CREMATORY	23d LOCATION PIRESVI	lle, Ma	arylan	d STATE
funeral director uck Towson Fune:	ral Home, Inc	1050 Yor L. Towson, M	rk Rd. 4d. 21204 AU	REC'D. BY REGISTRAR	Sto REGISTRA	HE SIGNA	MARCH

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TRO 18 19UA

)	6	2	640	AUG STA3 87
	•	4	م مرم	AUG REGINER

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	7	2	7

Russell D. Goode 8 5 1987 3. SEX male black black 70. BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED Baltimore city	2b. HOUR M IF UNDER 24 HES HOURS MIN. MD BUSINESS OR
Russell D. Goode 8 5 1987 3 SEX male black black black 5. Date of Birth Month 12 25 1901 70. BIRTHPLACE ISTATE OR FOREIGN Va USA WIDOWED 10 CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore 12. USA WIDOWED 13. CITY OR TOWN OF DEATH Baltimore 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Baltimore 135. CITY OR TOWN Baltimore 136. STATE Md Baltimore 137. CITY OR TOWN Baltimore 138. STREET ADDRESS / ZIP CODE 3006 Presstman Street 14. FATHER'S NAME BIRST MIDDLE 15. MOTHER'S MAIDEN NAME BIRST MIDDLE MIDLE MI	MD BUSINESS OR
male black 5. Date of Birth 12 25 1901 85 yrs 12 25 1901 9. Baltimore city 10 city or town of death 11. Name of Hospital, Nursing Home or other institution (If not insuch facility, one street address) 13d Inside city Limits? Year 85 yrs 12 25 1901 19. Baltimore 13d County of Dath 13d Inside city Limits? Year 85 yrs 12d Inside city Limits? Year 85 yrs 12d Inside city 12d Kind of Industry of Dath 12d Kind of Industry Of	MD BUSINESS OR
TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? TO CITY OR TOWN OF DEATH TO CITY OR TOWN OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OF WORKING LIFE OR WORK FOR MOST OR WORK FOR MO	MD BUSINĒSS OR
70. BIRTHPLACE ISTATE OR FOREIGN Va USA WIDOWED DIVORCED Baltimore city 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOSP OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3006 Presstman Street 13. STATE Md 14. FATHER'S NAME MARRIED NEVER MARRIED NO CITY OF COUNTY OF DEATH NEVER MARRIED NEVER MAR	BUSINESS OR
Va U S A WIDOWED DO DIVORCED Baltimore city 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NÜRSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF 179E OF WORK FOR MOST OF WORK	BUSINESS OR
Baltimore (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3006 Presstman Street (If YPE OF WORK FOR MOST OF WORKING LIFE) (ITYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) (ITYPE OF WORK FOR MOST OF WORK FO	
136 STATE Md 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 3006 Presstman Street 15 MOTHER'S NAME 15 MOTHER'S NAME 15 MOTHER'S NAME 1651 1	212
14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
	e
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-07-9243 Carolyn V. Johnson 3006 Presstman	Stree
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
AND CONTRACT OF PERSON IN HOUR A.M. MONIH DAY YEAR	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY	STATE
216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 218 PLACE OF INJURY (STREET FACTORY OFFICE FARM ETC.) 219 STREET (STY OF TOWN COUNTY)	STATE
22a 1 certify that (1) (this hospital) attended the deceased from 3 19 80, to 1, 19 80, the time this deceased of the property of the second o	not ()(we) loss
276 1 certify that (1) (this hospital) attended the eleceosed from 2, 19, 80, to 7, 19, 87, the time deceosed alive an object the well (did) (did not) view the body attended the seceosed from 19, 57, and that in (my) (our) opinion death occurred on the date and hour and from the composition well (did) (did not) view the body attended the seceosed from 2, 19, 80, to 7, 19, 87, the second from the composition of the composition o	not (1)(we) lost ouses stoted

DHMH - 16 60M 7/8 (VRA 15, 4)

62095

	ST	ATE	OF	MARYLAND
--	----	-----	----	----------

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	0	REG.	NO	2	2	9	>
2	ATE OF	DEATH	MONITH	DAY	-	VEAD	

SEX CAMALE SAME		- STATE REGISTRAR		DEFARIN	CERTIF	FICATE OF DEATH	TOTEME	REG. NO	2	27	9 6	3
1) SEX EMALE NACE S. DATE OF BRITH S. DATE OF BRITHH S. DATE OF BRITH	P	LIYPE OR PRINTS		MIDDLE	C .	LAST	20 DATE	OF DEATH MO		-	26 HOUR	
TE BRITHPLACE (SLATE OFFORCES) A CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED PALLYMANE CHY OF COUNTY OF DEATH WIDOWEDS NOW DOWNEDS NAME CHY OF COUNTY OF DEATH WIDOWEDS NOW DOWNEDS NAME CHY OF COUNTY OF DEATH WIDOWEDS NAME CHY OF CHY	1	3 SEX	4. RACE		5. DATE (OF BIRTH H DAY YEAR	6 AGE I	Charles .	AY) IF (UNDERTYEAR	IF UNDER 24 HR	
NARYLAND 10. CITY OR LOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE PRINCIPLE OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE COUNTY (INFO OF MICHAELTH, CHY PIREL ADDRESS AND THE	ł	THE BIRTHPLACE (STATE OR FOREIGN			8			MORE CITY OR C	COUNTYO	FDEATH		-
DSUAL RESIDENCE IS MARSHOOM OF CHIEF RESIDIATION OF	1		11. NAME OF	5.	WIDOWI	DIVORCED	120 USU	AL OCCUPATION	1	126 KIND C		MD.
13 STATE 13 COUNT 13 GITT OR TOWN 14 GITT OR TOWN 15 MOTHER'S MANE 15 MOTHER'S MA	-	· Jucos	ano	in Hosi	nta	1			ORKING LIFE)		HOME	
The was deceased ever in u.s. armed forces? 12 12 03 15 16 73 30 17 Informant 18 Informa	3	May bud 136 COU	NTY	13c. SITY OR TOWA	N	YES NO	40			ed A	ve, Zi	1215
18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: MINMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gove rise to immediate couse in staining the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. or ROW IN CERTIFYING CAUSES OF DEATH (FE TIME NOT MEDIAL CAUSE (A) 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH (FE TIME NOT MEDIAL CAUSES OF DE	7		MIDDLE GOL	DMAN LAST				MIDDLE		FRI	EDMAN	
PART I. DEATH WAS CAUSED BY UMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT ON PART TO PART 2 OTHER SIGNIFICA	I	160 WAS DECEASED EVER IN U.S. AF (YES. NO GRUNKNOWN) (IF YES. GF		1212CLO3ECT	673D							
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (ic) DUE TO, OR AS A CONSEQUENCE OF (ic) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To (if the part of operation) (if the Date of operation) (if the part of operation) (if the part of the part	T	PART I. DEATH WAS CAUSE	D BY.	line for (o), (b), and	CNA	· Facture				BETWEEN	MATE INTERVAL ONSET AND DEAT	н
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270.1 certify that (I) (this hospital) attended the deceased from 19 270.1 certify that (I) (this hospital) ottended the deceased from 270.1 certify that (I) (this hospital) ottended the deceased from 270.1 certify that (I) (this hospital) ottended the deceased from 270.1 certify that (I) (this hospital) ottended the deceased from 270.1 certify that (I) (this hospital) ottended the deceased from 270.2 certify that (I) (this hospital) ottended the deceased from 270.3 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (that (I) (this hospital) ottended the deceased from 270.4 certify (this hospital) ottended the deceased from 270.4 certify (this hospital) ottended the deceased from 271.4 certify (this hospital)		gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	ONTRIBUTING TO D	DEATH BUT							=
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 218 INJURY OCCURRED 210 PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) attended the deceased from 220.1 certify that (I) (this hospital) ottended the deceased from 220.1 certify that (I) (this hospital) ottended the deceased from 220.2 certify that (I) (this hospital) ottended the deceased from 220.3 certify that (I) (this hospital) ottended the deceased from 220.4 certify that (I) (this hospital) ottended the deceased from 220.5 SIGNITURE DEGREE ATTENDING PHYSICIAN DIRECTOR	1	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED						N CERTIFYIN		OF DEATH?	
220.1 certify that (1) (this hospital) attended the deceased from 19 to 19 that (1) (we saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 8/287 221. DATE SIGNED PHYSICIAN'S NAME (ITYPE OR PRINT) 222. DATE SIGNED ATTENDING MEDICAL STAFF 8/287 223. DATE SIGNED PHYSICIAN'S NAME (ITYPE OR PRINT) 224. DATE SIGNED 225. DATE SIGNED PHYSICIAN'S NAME (ITYPE OR PRINT) 226. ADDRESS OXANNE 236. BURIAL, CREMATION, REMOVAL 236. DATE ANSHE EMUNAH 237. NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH COUNTY MARYLANG	7	OR CONTRIBUTION CAUSE OF DE	ATH HOUR A.	M. MONTH DA			CURRED (ENTER	NATURE OF INJURY IN	NITEM 18 PART	I (OR PART 2)		
saw the deceased alive an obove, (1) (we) (did) (did not) view the body after death. 19		NOI WHILE			ARM, ETC.)			CITY OR TOWN		COUNTY	STATE	
ATTENDING MEDICAL STAFF BURIAL COUNTY MARYLANI	1	saw the deceased alive or	1	19	, o			rred on the date			that (I) (we) lo couses stated	
Roxanne S DONOVAN SUNCI HOSPITAL 236 BURIAL, CREMATION, REMOVAL 236 DATE AUG. 4,1987 ANSHE EMUNAH 236 BURIAL SPECIFY BURIAL 236 DATE ANSHE EMUNAH 236 COUNTY MARYLAND COUNTY MARYLAND COUNTY MARYLAND COUNTY MARYLAND		Poxanue	8m	worm	N	ATTENDING PHYSICIAN	G MEDIC		NX	8/7	SIGNED 187	
BACTIMORE COUNTY MARYLANI		0	S DO			Sino						
24 FUNERAL DIRECTOR		230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL							E	соинтуМАТ	RYLAND	
FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 21215 AUG 5 1987				110011633	INC.			and the last of		R'S SIGNA	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP.

IMPORTANT # # should be defect with the State De

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

06333

8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBENE CERTIFICATE OF DEATH

	FOR STATE TEGISTRAR	DEPARTM		EALTH AND MENTAL HYD	JENE / 2 2	72	9
	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH & MONTH.	DAY YEAR	2b HOUR
	OR PRINT)	TC	C	ORDON	AUGUST 17,	1987	7:20
3. SEX		14. RACE	5. DATE C		AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
3. 30	MALE	CAUCASIAN	MONTH		75 YRS	MONTHS DAYS	HOURS
7a. BII	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMORE CI		
10. CI	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET INNS OF EVERGREI	IG HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) CHAUFFLUR	126 KIND C INDUSTRY TAXI C	
13e S	AL RESIDENCE (IF NURSING HOME OF ATTATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13C CITY OR TOW BALTIL!	N	13d. INSIDE CITY LIMITS? YES (2) NO (130 STREET ADDRESS / ZIP COL 4010 ERDMAN AV		13)
14. FA	ATHER'S NAME FIRST ABRAHAM	MIDDLE GORDON		15 MOTHER'S MAIDEN NA FIRST LEIJA	ME MIDDLE	UNKÑ	ÖUN
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	4,27	
(1	NO NO OR UNKNOWN) (IF YES, G	218-03-	7477	JENNIE GORDO	N 4010 ERDMAN AV	Æ. (212	13)
CERTIFICATION	PART OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	Man	in That dy	20a AUYOPS 20b, IF Y	Melitures, were finder	NGS USED
CERTIF	21g ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	YES NO P	YES D	NO [
MEDICAL	OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR 19			100	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	5
		1////	17.		death accurred an the date and ha	our and from the	causes sto
	22b. SIGNATURAL	B Brodler			MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED
	224. PHYSICIAN'S NAME (TYPE	BRADLEY, M.D.		22e ADDRESS 4900 BEL	AIR RD. BALTO.	,M D	
(BURIAL, CREMATION, REMOVA SBÜRIAL	236 DATE 236. N 8/19/87 M	IKRO	EMETERY OR CREMATORY KODESH CEMETE	234 LOCATION	COUNTY	ARYLÂ
	uneral director SOL 010 REISTERSTON	LEVINSON & BROS. VN RD. BALTO,170552	,INC. 1215	AUG	20 1087 Julia	Dender .	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

while many the solid sold with the state of the

Person Summer Summer State State State State

THE S. Working Sec. 19 18 Car 1 1 1 1 1 1 1

melode Prophysics for the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 27g01

STATE OF MARYLAND

22730

4		MEGIDIKAK.				CERTIFI	ICAIL OI	PENIII		REG. NO.			
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	DEATH ME	ONTH DA	Y YEAR	2b HOUR
١	ALM:	OF PRINCIP	MOM	m		GOR	RAY	/		08	109	187	12:47
	1 SEX			I. RACE	hite	S. DATE (-34,2	6. AGE (IN YE	ARS LAST BIRTHE		UNDER I YEAR	HOURS A
		male	-	w.	nite	/ /	17	04	8	2	YRS		HOURS M
9		RTHPLACE STATE OR I	EOREIGN]	L CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D T NEVER	MARRIED -	9 BALTIMOR				
		Germany		USA		WIDOWE		NORCED			City		
1	III. CI	OR TOWN OF DEA			HOSPITAL, NUT THEACILITY, GIVES	JRSING HOME (STREET ADDRESS)	OR OTHER INS	MOITUTION	12a USUAL O				F BUSINESS
	300	14more		FRANC		TT KEY	MED	CTR.	Reti	red			
Z	13a.5	I RESIDENCE (IE NURS	136 COUN	TY	13c. CITY OR				13e.STREET A			07.00	
1		Md.	Balt	0.	Dunda	1k	YES	NON(3)		Snydei	. Ave.	21222	2
2		ottleib	N	NIDDLE	Gorra	y	Just	'S MAIDEN NAM L ina	WE	MIDDLE	5	Sadows	ki
e	16a W	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDRES:	S		
7	(1	res, no or unknown)	(#FYES, GIVE	WAR OR DATES)	213-0	7-4916	Emma	Gorray	1808 S	nyder	Ave,	21222	
-		18 CAUSE OF DEAT	H (Enter onl	v one couse per	line for (a), 1b	or, and ich						BETWEEN	MATE INTERVAL
91		PART I. DEATH W	AS CAUSED	BY:	- /	pulm	nuar	u arr	pst				
П	/	8810	IMMEDIATE	CAUSE (0)_C			viia.	7 - 41 -	-	100			
				DUE TO, O	R AS A CONS	EQUENCE OF	1000	ical	1 Jans.	- 600	0	14.	Laure
		Conditions, if ony		(b)_	-rac r	TIPPCI	CPIU	rear	VETTE	vius		10	ays
		cause (a), statir underlying cause		DUE TO, O	R AS A CONS	EQUENCE OF							
		andenying cause	1031	(c)									
	7	PART 2 OTHER SIGI	VIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE	OR CONDI	TION GIVEN	NIN PART II	b
2	è										- 1		
7	2	190 DATE OF OPERA	TION	1% COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOI			WERE FINDIN	
6	CERTIFICATION			140					YES 🗌	NOI	YES		NO [
7	8	210. ACCIDENT WAS UN	100 300	21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURR			IN ITEM IS PAR	I I OR PART 2)	
	AE	OR CONTRIBUTING		"1 2	M. 8	4 198	74. +	ell of	t laa	der			
	WEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATI			C101 00 1011		COUNTY	STATE
2	×	WHILE NOT WE AT WO	RK K		HOMO	FFICE, FARM, ETC	1808	snyder	r Ave	Dun	dalk	COUNTY	MD
ú	- 1	220.1 certify that (1)	(this haspite	ol) ottended th	e deceased fi	rom Augu	est 4		, toAL	igust	19 . 19	87	that (we)
2		sow the deceas obove, (1) (we)	ed olive an_	HOCUST	ofter death	19 87 J, a	nd that in (my) (aur) apinian d	death occurred	on the dote	e and hour c	and from the	couses stated
2		226. SIGNATURE	0	1		11	DEGREE	110101011			VIII I	22c. DATE	SIGNED
,		Can	oline	1 Ch	elpat	As MU)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		8/9	187
		224. PHYSICIAN'S N.	AME (TYPE OR		11		22e ADDRE	SS Dept			licin		1
		Caro	line	C. PI	nilpo	,++		Johns	Hop	kins	Has	pital	
		URIAL, CREMATION,	REMOVAL	23b DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT	TION R TOWN	Pal+	faterra 1	Maryla

ChristLutheranCemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR Connelly Funeral Home of Dundalk 21222

8/12/87

REGISTRAR 25b REGISTRAR'S SIGNATURE

Triiden Parplate

Baltimore Maryland

	Ze Proportion Control	2 67
240022/22/22	Mercan A	
		har to show
		contact Enoughbor
	and the state of t	
SW Transmy Ag		
18/8/8 × 5/8/87		ALL SHOW HAVE A SHOW
Take the same		

	STA	TE C)F M	ARYL	AND
EPARTMENT	OF	HEA	LTH	AND	MEN
CE	RT	IFIC	ATE	OF	DEA'

TAL HYGIENI TH

1	REG.	20. 2	7	3	1	
DATE	OF DEATH	MONTH	DAY	YEAR	16 HOL	JR
ug.	15,	1987			1	
AGE (IN	YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
71		YRS.	MONTHS	DAYS	HOURS	MIN

7 1987 FIRE DAMPER SIGNATURE

moy be

062985

AUG

ottending physicion. etoined by the hospitol or

deoth certificate

requires that the

rely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death medicol exom TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove corbon papers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPORTANT: If them 21 is marked or then 18 shows any injury, or other troumonic event, the

FOR STATE REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

G. Truman Schwab 5151 Balto. Mational Pike

18	87	STATE REGISTRAR			DEPA		FICATE OF DEATH	TGENE	REG. N	24	7 3	1
0		CEASED NAME	FIRST	A	AIDDLE		LAST	20. D	ATE OF DEATH	MONTH DI	AY YEAR	16 HOUR
7	11186		nevieve	3	C.	Gossm	an	Au	g. 15,	1987		M
	3 SEX	X .	4 R	RACE		S. DATE (OF BIRTH H DAY YEAR	6. AG	E (IN YEARS LAST BIRT	_	FUNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whi	te		29, 1916		71	YRS.	UNIHS DAYS	HOURS MIN
25		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BA	LTIMORE CITY O	RCOUNTY	OF DEATH	
		alto. City	U	. S. A		WIDOW			alto. Cit	ty		MD
E	3	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NUI H FACILITY, GIVE ST LVERHILL	REET ADDRESS)	OR OTHER INSTITUTION	(TYPE	USUAL OCCUPATION WORK FOR MOST OF WORK FOR MOST OF WIFE			OF BUSINESS OR
55		AL RESIDENCE (IF NURSITATE Md.	NG HOME OR OTH	ER INSTITUTION,	GIVE RESIDENCE B 136 CITY OR T Balto	OWN	13d INSIDE CITY LIMITS?	? 13e S	TREET ADDRESS 16 Haverh	nill Rd	1. 21	429
	14 FA	THER'S NAME	MIDD	N.E	1457		15 MOTHER'S MAIDEN I	NAME	MIDDLE		LAS	
20	5	Shepherd	MIDD	-	ren		Katherine		MIDDLE	Urbans	ski "	11
1		VAS DECEASED EVER	N U.S. ARMEI		16b SOCIALS	CIAL SECURITY NO. 17 INFORMANT 1016			erhill Ro	SS Balt	to. Md.	21229
		no	(, , , , , , , , , , , , , , , , , , ,		217 14	0468A	Mrs. Joan M	. Mur	phy			
	NO	Conditions, if ony, gove rise to imm couse 101, stating underlying cause	which dedicte go the lost	DUE TO, OF	R AS A CONSE	OUENCE OF	NOT RELATED TO THE TE	ERMINAL [DISEASE OR CON	dition give	Me	UMATE INTERVAL ONSET AND DEATH
2	CERTIFICATION				ITION FOR WHICH OPERATION WAS PERFORMED				AUTOPSY?		WERE FIND H	
9	EDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	OSE OF DEATH	P./	M. MONTH	BAY YEAR	rb	URRED (E	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
/	MED	21d. INJURY OCCURR WHILE NOT NOT AT WORK AT WORK	1	21e PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	0.4	CITY OR TOW	٧N	COUNTY	STATE
	Ę	220.1 certify that (1) sow the decease above. (1) (we) (d	d olive no	yelly 30	12	Gra.	nd that in (my) (our) opinion	ion death	occurred on the de		and from the	tho (1) (we) lost couses stoted
		22b. SIGNATURE	Rpla	7			DEGREE ATTENDING PHYSICIAN	ME DIRI	DICAL STAI	FF IAN []	22c. DATE 8-1	7-87
1		Charles			r. M.D.	l-nan	299 Freder	rick	Road Bal	to. MI	21228	3
		BURIAL, CREMATION,		36. DATE			EMETERY OR CREMATOR		d LOCATION CITY OR TOWN		county	STATE Md.

Total of the service of the service of the service of Dyshevd Dyshevd is the writer to dispersion of the state of

See Louis Control of the Control of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2732

0 0 1 351		REUSTRAR		74122	ICAL E	VAMILLE	K 3 CEKI	IFICATE	OF DE	RE RE	EG. NO.	J85	
		EASED NAME	FIRST		WIDDIE		LAST	6	1	20. DATE KNOV	NN X WONT	TH DAY YEAR	26 HOUR
2000	(110)	OK PRINT)	DA	RRELL	WAY	NE GO	DUGH			OF ESTI		23-879	
10年2月	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS			ER 24 HRS.	2c. DATE	MONTE		1001
72 H 27 H	Ma	le	Black	11 26	56	30 YRS.	MONTHS	AYS HOURS	MIN	PRONOUNCED DEAD	8-	23-87,	10:25
NA PERON		RTHPLACE (ST	ATE OR	76. CITIZEN OF WH		RY?	MARRIED [NEVER MAR	RIED	9 BALTIMORE	ITY OR COU	NTY OF DEATH	
研究と			Md.	US	USA MARRIED NEVER MARRIED Baltimore City								
PARKS O	10 CI	Y OR TOWN	OF DEATH		1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)								
語語の	Ba	altimor	e	716 N. Charles Street Apt. 703									TRY
N SEA		LATE	LINE COUNT		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								1
AZESS 5	30, 3	Md	• 138. COOK		Isc. Cirg	grigge.		NO [19	"FOODETTi	ing St	reet	
子ではない	14. FA	THER'S NAME		MIDDLE	0.		15 M	OTHER'S MAI	DEN NAMI	E MIDDLE		4453	
E 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	}	riest Kaymon	d	MIDDLE		ugh	80.754	Arde	en	WIDDLE		Britton	
2002	16a V		DEVER IN U.S. ARA			AL SECURITY N	10. 17. IN	FORMANT	0.11	ADI	DRESS		
ANT SE	(1)	NO.	WN) (IF YES, GIVE V	WAR OR DATES	1 3		Ka	vmond	J.G	ough 19	10 Et	tting Street	
N N N N N N N N N N N N N N N N N N N		& CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)									APPROXIMAT BETWEEN ONS	TE INTERVAL	
BASSA T		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gunshot wound of chest											ET AND DEATH
ZEGENO ZEGENO		DUE TO, OR AS A CONSEQUENCE OF											
を		Conditions, if ony, which gave rise to immediate (b)											
SPI	100	cause (a)	stoting the under-	< /	AS A CONS	EQUENCE OF		100			7		
NA PAR		lying cau	se last.	(6)								2	
SPERSE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id											
REAL SEA	No												
LEAN NO	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR W	HICH OPERAT	ION WAS PE	RFORMED?			The same	20 AUTOPSY	(?
古名共20年 /	H.	10000										YES X	NO 🗆
ENERGE -	HE CER		L CAUSE WAS		216. TIME OF INJURY THE DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I								
SHOPER -		UNDERLYING	S X OR		TH 10:15P 8-23-37 subject shot during an al							ation	
EST SERVICE SE	MEDICAL	71d INTURY C	CCLIRRED	21e PLACE C	F INJURY	(AT HOME,	21f LOCATIO		70 00				
WRITE DO	×	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO		:.)	716 1	N. Char	cles s	Street. As	ot. 703	Balto.,	Md.
E PA STA STA	6			e of the remains desc		1.11	Autopsy X	-					
A SOLAR		deoth resulte			Accident	Suicid		Inspect		Inquiry	and in my	ориноп	
MAN WELL		geom resum	A I	ol causes	Accident	, Suicio		TLE (SPECIFY)	Under	termined monner	L.,		
A SOLD A		ACTUAL SIGNATURE	Wrigh	hate la	re Ul	01/1		,	1+	DICAL EXAMINER	DAT		23-87
SER SE		SIGNATURE.				.400			TC MED	DICAL EXAMINER	SIGI	NEDZ	3 01
ME AND WE		EXAMINER'S (TYPE OR PRIN		Margarita	a A. I	Korell,	M.D.	ESS	111 1	Penn Stre	eet		
BADAKO	23a.BI	JRIAL, CREMA	TION, REMOVAL 2			AME OF CEME			23d. LC	OCATION			
BP	(5	PECIFY) Bu.	rial	9/1/87	Ga	rden c	of Ere	rnal	Hone	Deer		Salta.	Md.
DHMH - 17		JNERAL DIREC	TOR					25a. DAT		Y REGISTRAR 254			1
(VR A15 ME (5))	Ch	atman	-marris	FH 1704	McCi	illoh	Stree	t AUG	31	1981	17,000 (400		1
	-												

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

AUS 3 1 1997

STATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	2	1
/	Car	4
250 110		77

2	2	7	3	3
		71/	11.7	11

163605 AUG	25	FOR STATE ISTRAR	DEP		EALTH AND MENTAL HY	YGIENE 8 7	2 2	733
3 SEON	TOE .	Charles	MIDQLE W.		LDIN, SR.	20. DATE OF DEATH	8 21	YEAR 26. HOUR 750
of the control of the	1 SE	MALE	1 RACE WHITE		OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS FUND	DER 1 YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
A 25 PM		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIORCED	1/\ \	7 1	EATH. MD.
o after the factor of the control of	11 8	14 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	TO Sp. +AC	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST OF MISC. Dut.	F WORKING LIFE) IN	kind of Business or Dustry Rubber Compar
AND 212	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			134 INSIDE CITY LIMITS?	3225. U		2 St. 21223
E MARYI Constitutes	6	HOORGE	MIDDLE GOULAIN	V.	Myrtle	MINDLE	lela	Tweedell
CV.			E WAR OR DATES)	3-2479		in, 8244 Chu		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly ane cause per line for (a), (l D BY: E CAUSE (a)	andic (4)	ncer			BETWEEN ONSET AND DEATH 3 MCN+ho
1 W. PRESTON that the departs of the attendar also remove cost of other traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS					
RDS, 20 equires to home re home	NON	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN	PART 11a
AL RECO	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		CAUSES OF DEATH?
OF VITA	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I O	OR PART 2)
IVISION orientin ter this c	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR IC	OWN C	OUNTY STATE
ATTENDER OF TOTAL AS A STATE OF THE WAS A STATE OF THE OTHER OF THE OTHER OTHE	1	220.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no			nd that in (my) (aur) opinio	, ta in death accurred on the d	ate and hour ond	that (1) (we) last from the causes stated
AL OR AL DISE		226. SIGNATURE Phil	ip 16mm		DEGREE ATTENDING PHYSICIAN		FF _	8/22/87
NOSPIT NOSPIT NOSPIT NOSPITAN NASPITAN		22d. PHYSICIAN'S NAME (TYPE O	o Konits		22e ADDRESS			
BP	23a t	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 8/25/87		EMETERY OR CREMATORY Hill Cemetery	CITY OR TOWN	Park A	A. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME Ibbard Funeral F	Home, Inc., 41	07 Wilke	21223	AUG 4 198	. 500	SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22734

16,8	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
	CEASED NAME	FIRST	MIDDLI			AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		CATHE	LINE	A	GRABE	er e		8/1	4/87	9 1 AM
3.56	FEMALE	4. RACE	WHITE		S. DATE C	2/20/1902 YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
	IRTHPLACE (STATE OR I	OREIGN 76. CITIZ	ZEN OF WHA	T COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH	
	MARYLAND	U.S	S.A.	F., 13	WIDOWE	_	CITY			MD
	BALTIMORE	(IF N	OT IN SUCH FACE	NES HOS	PITAL	DR OTHER INSTITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MO BUTTON HO	ST OF WORKING	LIFE) INDUSTRY	DE BUSINESS OR HING MFG
13a S	AL RESIDENCE (IF NURS STATE MARYLAND	ISB COUNTY BALTIMOR	13c.	RESIDENCE BEFORE CITY OR TOW ATONSVI	N	13d. INSIDE CITY LIMITS? YES NO X	13a STREET ADDRES		Rd.	21228
DE	Stanley	MIDDLE	Fe	LAST Prowitz		15. MOTHER'S MAIDEN NA FIRST Agnes	WIDDL		Zukaus	kas
1	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FO (IF YES, GIVE WAR OR	DATES)	SOCIAL SECU 16-07-6		ANNA R. WASS			imore 2	
ATION	PART 2. OTHER SIGN	last NIFICANT CONDIT		RIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION G	ES, WERE FINDI	a NGS USED
CERTIFICATION	21a. ACCIDENT WAS UN		. TIME OF IN			21c. HOW INJURY OCCUR	YES NO) ,	YES PART I OR PART 2)	NO [
MEDICAL	OR CONTRIBUTING (HETHER NOTHY MED) 21d. IN JURY OCCUR!	CAL EXAMINER) RED 210.	P.M.	MONTH DA	19	211. LOCATION STREET	CITY O	RTOWN	COUNTY	STAIE
	22a. I certify that (I) saw the decea abave, Us (we) 22b. SIGNATURE	this hospital atte	914	19_		attending	MEDICAL	TAFF	our and from the	that (we)last causes stated
	226. PHYSICIAN'S NA	I H	ICKE			PHYSICIAN [nes X	SICIANI		
	BURIAL, CREMATION, (SPECIFY) BURIAL	08-	-17-19	87 Mo	st Ho	ly Redeemer	23d LOCATION CITY OR TOWN Baltime	ore		ryland.
24 F	LEADYREMOR & 1630 Edmon					Homes P. A. DAT 21228 AUG	1 7 1987	AR 75b REG	TRAP'S SIGNO	Horse

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, or other troumatic event, th

			13 61
12/-1/0		L-1022-120 Z	
	30,17,02/31		
			-
		TO EXPENSE	
The state of the s		UWA WALLEY	
A STATE OF THE A			

AUG 17 1987

1- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	3171 AL	Gol	9 87 NAME	FIR:	ST	MIDDLE	FYAMIIA	LK 3 C	LAST		DATE KNOWN		DAY YEAR 25 HOL
	w a av a	110	COLPANIE)	TA	MES D.	~	מינוי או או מי				OF ESTI-		
	FILES OUR REEL	3 SEX		RACE	5. DATE OF BIRTH	G	RANGER	RS IF UNI	DER 1 YR. IF UNDER		DATE	8-1 MONTH	5-8719 DAY YEAR 2d HOL
	N ST	M	ale	White	Nov 22	L929	57 YRS	· · · · · · · · · · · · · · · · · · ·			DONOUNCED	0_1	.5-8719 1:57
	SSAR SALC HIN	70_BI	RTHPLACE (ST		7b. CITIZEN OF WH			R	D NEVER MARK	9.1	BALTIMORE CIT		
	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS		REIGN COUNTRY) Marylan	d	U	S.A.		WIDOW			Baltimor	e City	
	AY IS N THE FU AGE 5 FILED, V		TY OR TOWN		11. NAME OF HOS	PITAL, NUI		OR OTHE	R INSTITUTION		OCCUPATION OF WORKING LIFE	(TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	플 C - H	_	altimor		South I	Balti	more Ge		l Hospita		Lce Offi	cer	Balto City
.21201	AND 3 AND 3	13a. S		/ 13b, C	ome or other institution, gr ounty ine Arundel	13c_CITY	OR TOWN	N)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET 533	ADDRESS L Wasena	a Aveni	ue 21225
RE, MD	EATH. IF),4. FA	Thom	as	MIDDLE Leo		ranger		15. MOTHER'S MAID FIRST Lill:		MIDDLE A.		Douglas
LTIMO	S AFTER D GIVE PAG GIVE PAG TH FO PAGES VISION		VAS DECEASED	EVER IN U.S	ARMED FORCES?	16b SOC	-24-882					vensvi Petino	ille Md21666 ot Drive
ST. B	FE STATE OF		18 CAUSE OF PART I DE	THWASTA	er anly ane cause per line JUSED BY:			0.7		-74	43.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
ESTON	ITHIN 24 FICE ALON NER ALON ALON AND THE ALON AND THE ALON ALON ALON ALON ALON ALON ALON ALON	1	8XE	9 IMME			SEQUENCE O		1 4 1		4.E		1000
W. PR	D WITHIN PENCIL II WINER - TRANS ENTAL H OR REM		gave rise	ta immediating the ur	diote (b)	AS A CON	SEQUENCE O	F					
201	ON NAME OF THE PARTY OF THE PAR		lying cous	e lust.	(c)	3.3				S8257	3 7 7		
RECORDS, 201	BE EXECUTEDING" IN EDICAL ES S A BURIX LTH AND REMATIOI	2			TIONS CONTRIBUTING TO DEATH I						lesbelie		
REC	ZESAKO-	ATIO	19a DATE OF	DPERATION	rotic cardic				e and chr	onic a	ICONOTTS	SIII	20 AUTOPSY?
IAL	55 # 2.2 P 5 \	IFIC											YES X NO
JF V	CATE SI THE WOOD THE COULD BE TAKENT	CERTIFICATION	210 EXTERNA		S ZIL TIME OF	INJURY		21c HO	W INJURY OCCURR	ED LENTER NATU	RE OF INJURY IN ITEA	A 18 PART 1 OR PA	
NO	SHI OUT WE		UNDERLYING CONTRIBUTIN	K OR G ☐ CAUSE	OF DEATH 12:50a	8-1	DAY YEAR	sub	ject fell	down	stairs		
DIVISION OF VITAL	ARDED 1 ARDED 1 ARDED 1 GE 3 SH TE DEP	MEDICAL	214 INJURY O WHILE AT WORK		21e PLACE C	F INJURY	(AT HOME,	21f LOC	ATION			e Aruff	del Co., Md.
	PAC STATE	10	AT WORK	AT WORK									
	TAN THE POPULATION OF THE POPU		22a. I certify death resulte		thorge of the remains described	ribed abo	A 500	Autops	Hamicide		nquiry	and in my a	pinian
	ANTI-		The same of	Min	12 C	VV	Del	7	TITLE (SPECIFY)	Oligererin	med monner		
	EDICAL EX UTE THE CE UNERAL DI UNERAL DI R DEATH, W		SIGNATURE_	MA	uno j.	ACC	3 //	W.M.	_ Assista	IntMEDICA	LEXAMINER	DATE	ED_8-15-87
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOI		EXAMINER'S N	1)	Mario F. Gol	le, j	Jr., M.	D	ADDRESS11	1 Penn	Street	CH.	
	5X45A	23e.Bl	JRIAL, CREMAT	ION, REMOV	8/18/87	23c. N	NAME OF CEM	ETERY OR	crematory rial Park	23d LOCA	TION ISVille	devi	alto stand
07/B4 25M	BP		Cremati	OII	0/10/0/	we	PLATEM	raeillo					
	DHMH - 17 (VR A15 ME (5))				e 4001 Ritte	nie H	Igwy Bal	Lto M	id AUG	1719	187 Jul	ia dend	SIGNAL RE

THE THE

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

13e STREET ADDRESS / ZIP CODE 120 Honer Suckle CT tarrow 105 Lee haurence 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) and that in (my) (aur) apinian death occurred an the date and haur and liam the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Johns Howkins Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY CITY OR TOWN 8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

The Control of the Co

(VR A15 ME (5))

SEP 03 1987 The Sales - Market

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/14

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ា		REGISTRAR		•		REG. NO.		
1		CLASED NAME FIRST	MIDDLE	1.	AST	20 DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
	11/10		NAN	6	FRAY		8-13-87	182ZM
	3, SE)	K	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I YEAR	
	1	MALE	WHITE	May	10 1936	51	YRS DAYS	HOURS MIN.
z	7a. BII	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED X	9 BALTIMORE CITY OR	COUNTY OF DEATH	
2	-	laryland	U.S. H	WIDOWE	D DIVORCED	101101-	MORE CO	ETY MD.
7	30. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE INDUSTRY	OF BUSINESS OR
2	1	DACTEMORE	MPEN	2>		Maintenanc	e Manu	facturing
2	Ut 5	TATE IN THE IT IS A COUNTY IN THE INTERIOR OF COUNTY IN THE IT IS A COUNTY IN THE INTERIOR OF CO	thester 131 CITY OR T		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 1	zip code nd/21869	
2	PEFA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			AST
4		Baynard	Galloway Gr	ay	Florenc		Gray	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT		Box 115	7-1-1-1-1
4		No -			Florence Gi	ray, Elliott,		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b)	, and (c).)		Λ	APPRO BETWEET	DXIMATE INTERVAL
			TE CAUSE (a) CARD	to Pui	LMONARY	ARREST		
-			DUE TO, OR-AS A CONSE	OUENCE OF	, 1			
	6	Conditions, if ony, which	(16) BRASE	NSTEM	HETZNEAT	ION		-
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
		underlying cause last	RIGH	1 4.000	UPORAL HARI	ETAL lun	LOP	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART	(a
	CERTIFICATION	UNKNO	Nuic					
1	ICA	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE	
	RTE	NONE				YES NO	YES 🗌	NO 🗆
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
-	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TOW	n COUNTY	STATE
		NOT WHILE AT WORK						
		220. I certify that (I) (this hospi				, to		, that (I) (we) last
			rew the body ofter death.		d that in (my) (aur) apinion	death occurred an the dot		
		22h SIGNATURE	2411	1111	DEGREE	MEDICAL STAFF		ESIGNED 7
0		1101	oux 1	NI	PHYSICIAN [15-07
П		IAN'S NAME (TYPE O	1 :) 1.	"IN	22e ADDRESS MI	EM 55		11
_		MONALD	C. POHL	MID	Si GREE		ALTIMOR	E 1910.
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	14.5	Burial	8-15-87	Dorches	ter Mem. Par			
		INERAL DIRECTOR	ADDRE	SS	MIG	TE REC'D. BY REGISTRAR 75	Sh. REGISTRAR'S SIGNA	n .
	4	Zeller Funeral H	Home, East Nev	w Marke	et, MD	- 1001 9	- Prince V. V	

15521 T 6 15-22

STATE OF MARYLAND

i duy.

DHMH - 16 60M 7/84 (VRA 15, 4)

063585

FOR

AUG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 8	REGISTRAR					REG. I	463	- Cmg	- 4
. DEC	CEASED NAME FIRST	W	IDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	Ca	rol Lee G	reen			.8/18/87	7		8-15
3. SEX	(RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24
-	I Female	Cau	casian	1/2	2/43 DAY YEAR	44	YRS	MONTHS DAYS	HOURS /
7a. BIF		b. CITIZEN OF V	VHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
(Marvland	U.S.A		WIDOWE		Reltin	mare Ci	tsz	
10. CI		11. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	126 KIND	OF BUSINESS
	Baltimore		FEACILITY, GIVE STREET	_		(TYPE OF WORK EOR MOST	OF WORKING		
	AL RESIDENCE (IF NURSING HOME OR C		ES HOSPITA			Supervisor		Univ	
13a. S	TATE 136 COUNT	TY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		DE Z	1207
		timore	Baltimor	.e	YES NO X	3410 Kelox	Road		
A	THER'S NAME FIRST M	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	51
	John Lackey					McLaughlin			
	VAS DECEASED EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT Mr.	Jeremiah Green	ESS		
	No.	WAR OR DATES!	219-40-	8187	3410 Kelox Ros	ad	Palti	more Mary	land 213
	18 CAUSE OF DEATH (Enter only		line for to 1 th 1 on	el i e					ONSET AND DE
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE		Cascilvon				
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF			NDITION G	IVEN IN PART 1	0
ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF			206 IF YE	S, WERE FINDI	NGS USED
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY?	20b IF YE	ES, WERE FINDI	NGS USED OF DEATH?
ERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NO M	206 IF YE	ES, WERE FINDI IFYING CAUSES (ES	NGS USED
A CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH TINJURY A. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES NO M	206 IF YE	ES, WERE FINDI IFYING CAUSES (ES	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT	AS A CONSEQUE AS A CONSEQUE MITRIBUTING TO I TION FOR WHICH INJURY A. MONTH D.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	AINAL DISEASE OR CON 200 AUTOPSY? YES NO M	206 IF YE	ES, WERE FINDI IFYING CAUSES (ES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE CO	AS A CONSEQUE AS A CONSEQUE MITRIBUTING TO I TION FOR WHICH INJURY A. MONTH D.	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NO M	20b IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE CO	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH INJURY A. MONTH D. J. INJURY	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO W	20b IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES] PART 1 OR PART 2)	NGS USED OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH INJURY A. MONTH D. A. DE INJURY GET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO PORTOR NATURE OF INJURE OF INJURE OF THE PORTOR TO	20b IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED 6 OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C (AT HOME. STRE	AS A CONSEQUE AS A CONSEQUE MITRIBUTING TO TION FOR WHICH INJURY A. MONTH D. A. DE INJURY GET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY? YES NO PORTOR NATURE OF INJURE OF INJURE OF THE PORTOR TO	20b IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OTWHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive on sow the deceased alive on sow the deceased olive on some stations are some some some some some some some som	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C (AT HOME. STRE	AS A CONSEQUE AS A CONSEQUE MITRIBUTING TO TION FOR WHICH INJURY A. MONTH D. A. DE INJURY GET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 19627 and that in (my) (our) apinion DEGREE	AINAL DISEASE OR CON 200 AUTOPSY? YES NO POPER NATURE OF INJ CITY OR TO deoth occurred on the content of th	20b IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH? NO STATE that (I) (we) couses state:
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a L certify that (1) (this hospite sow the deceosed alive on obove, (1) (we) (did) (did not other was a source of the country that (1) (this hospite sow the deceosed olive on obove, (1) (we) (did) (did not	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C (AT HOME. STRE	AS A CONSEQUE AS A CONSEQUE MITRIBUTING TO TION FOR WHICH INJURY A. MONTH D. A. DE INJURY GET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 19.627 and that in (my) (our) opinion	200 AUTOPSY? YES NO PORTOR NATURE OF INJURE OF INJURE OF THE PORTOR TO	20b IF YE IN CERT Y URY IN ITEM 18	COUNTY	NGS USED OF DEATH? NO STAT
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (1) (this hospital sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d.)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b. TIME OF HOUR AN P.N 21e. PLACE C (AT HOME. STRE D) view the body of PRINT)	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH TION FOR WHICH A. MONTH D. A. MONTH D. A. DF INJURY GET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 1967 1967 Attending ATTENDING	RED (ENTERNATURE OF INJ	20b IF YE IN CERT Y URY IN ITEM 18	COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) couses state:
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (1) (this hospital sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d.)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. 21e. PLACE (AT HOME. STRE	AS A CONSEQUENTRIBUTING TO LINURY A. MONTH D. A. MONTH D. A. DE INJURY deceosed from 19	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 2 7 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [RED (ENTERNATURE OF INJ	20b IF YE IN CERT Y URY IN ITEM 18	COUNTY	NGS USED OF DEATH: NO STATE that (I) (we couses state SIGNED
MEDICAL	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (1) (this hospital sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S NAME (TYPE OR 22d.)	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b CONDIT 21b. TIME OF HOUR AN P.N 21e. PLACE C (AT HOME. STRE D) view the body of PRINT)	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH TION FOR WHICH A. MONTH D. A. MONTH D. A. DEFINIURY GET, FACTORY, OFFICE, F. Ster death. LATINA	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 2 7 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [RED (ENTERNATURE OF INJ. to State of the control o	20b IF YE IN CERT Y URY IN ITEM 18	COUNTY 19 8 1 22c. DATE 22c. DATE	STAIL THAT (I) (We couses state \$18/8)
WEDICAL B	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 19b. CONDIT 19b. CONDIT A M P.M. 21e. PLACE C (AT HOME. STRE	AS A CONSEQUE AS A CONSEQUE TO SERVICE DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 1987 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	AINAL DISEASE OR CON 200 AUTOPSY? YES NO PORT CITY OR TO MEDICAL STA DIRECTOR PHYSI Agrees A	20b. IF YE IN CERT Y OWN AFF CLAN DO Depute	COUNTY	NGS USED SOF DEATH? NO STATE that (I) (we couses state SIGNED	

8728 Liberty Road Randallstown Maryland 21133

	1 2 2 2			25 87
			2.1	
			ostraco -	
			The state	The Instant
	The State of the S		THE ROLL	
		2 Cyclit shall		
		250 .26 BEET		
	and the same	bustoes Rot ROW		Of an allowed sound
Ballette				
	SOLD ME SOLD			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) M. Florence Green 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER - YEAR 11-21-1911 Female White O. BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. Baltimore DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 MIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Baltimore City The Union Memorial Hospital 130 STATE 113b COUNTY 13e STREET ADDRESS / ZIP CODE Md. 4139 Eierman Ave. 21206 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Ear Ford Adda ADDRESS Md. 21087 166 SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 213-05-4571 Cecilia Gessner, 2409 Whitt Rd., Kingsville. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Acumonia IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Inability to clear secretions Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF Poor nutrition, decreased mental abilities, poor function underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Instittion, UTI, CRF, past MI 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR RART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE

220 1 certify that (1) this haspital attended the deceased from sow the deceased glive on 325 above. (Diwe: (did) (did not) view the body alter death 226 SIGNATURE

JOY ZIDEN

ATTENDING PHYSICIAN 22e ADDRESS

DEGREE

Louden Park

MEDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYRE OF RRINT) Jef 7: bell 230 BURIAL, CREMATION, REMOVAL

Memorial Hosp. Baltimore MT 23c. NAME OF CEMETERY OR CREMATORY

Baltimore

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECT hould be detached for the State Dept. of

MPORTANT

Hygi

00

(SPECIFY) Burial 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

8-28-87

23b. DATE

The Court of the C

	It	ems, 18a., 21a.,-22a	., 6-631., 9	/21/87, STAT	E OF MARYLAND	221	4 9
	1-	FOR by Med. Ex., / (STATE REGISTRAR	Sbj., DE	CAL EXAMINE	ER'S CERTIFICA	TE OF DEATH 2	143
065632 S	The same of			AIDDLE	LAST	20. DATE KNOWN	X MONTH DAY YEAR 75 HOUR
公司 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		JERRY	7		GREEN	OF ESTI- DEATH MATED	- / U 17 0 / M
A PIE	1.58)	ALE BLACK	5. DATE OF BIRTH	YEAR LAST SIRTHDAY			MONTH DAY YEAR 2d HOUR
A SECTION AND A		RTMPLACE (STATE OR	76. CITIZEN OF WHA	19 67 YRS		DEAD 9 BALLIMORE CITY	7 6 19 87 10 33
記事を重要	F 10	with Caralina	4,5		MARRIED NEVER	MARRIED Baltimo	
ZZWWW	-	TY OR TOWN OF DEATH	11 NAME OF HOSPIT		OR OTHER INSTITUTION		YPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
A CONTRACTOR	Acres .	Baltimore	Universit	y Hospital		RETIEED	2,2,2
AND 3	13a. S	RESIDENCE (IF IN NURSING HOME O TATE 136 COUNT ARYLAND	Y	RESIDENCE BEFORE ADMISSION BACTIMORE	13d INSIDE CITY LIN	NITS? 13e STREET ADDRESS HO	HMAN STREET.
ESTH. #	14 F/	ATHER'S NAME FIRST ONES	MIDDLE	BREEN		MAIDEN NAME MIDDLE	Golden
ATTIMON ATTER D VE PAG VE PAG VE PAG SION O		VAS DECEASED EVER IN U.S. ARA ES. NO, OR UNKNOWN) (IF YES, GIVE V	NED FORCES?	347-ZO-18	NO. IT INFORMAN	T ADDRE	
PRESTON ST., B. WITHIN 24 HOURS MCI. IN ITEM 18. G RANG WIT RANGI PERMIT R TAL HYGIENE, DIV. R REMOVAL	7	Conditions, if ony, which gove rise to immediate	E CAUSE (o) Pulm DUE TO, OR AS	onary thrombo A CONSEQUENCE O		olicating subdural her	approximate interval setween onset and death natoma
KOS 201 W		couse (a) stating the <u>under-</u> <u>lying cause lost</u> PART 2 OTHER SIGNIFICANT CONDITIONS ((c)	NOT RELATED TO THE TERMIN		N IN PART 1 (a	
A A A A A A A A A A A A A A A A A A A	ATION	196. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERA	TION WAS PERFORMED	?	20 AUTOPSY?
A CHEST	TIPE						YES 😾 NO 🗌
DIVISION OF V S CERTIFICATE RITING THE WICKED TO THE PE AS SHOULD BE TE DEPART HELL COLUMBER TO THE	CALCER	210 EXTERNAL CAUSE WAS UNDERLYING ORP TIMAL CONTRIBUTING CAUSE OF D	Y HOUR A.M. A	MONTH DAY YEAR 6 11 1987		CURRED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY (AT HOME.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITABLE DEATH WIT		22e. I certify that I took charge death resulted from: Natur		bed obove, held on	ide , Homicide	Undetermined monner	and in my opinion
AL EX AL DILL TH, WA		ACTUAL SIGNATURE	SAX	2	TITLE (SPECI	Chief	DATE SIGNED 7-7-87
MEDIC ECUTE TI GE 4 SH FUNER.	-	EXAMINER'S NAME Anr	M. Dixon,	M.D.	ADDRESS_11	1 Penn St., Balto	o., MD 21201
11.0	23a. B	URIAL, CREMATION, REMOVAL 2:	b. DATE/1/27	230 NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	RE MARYLAND
07/84 BP 67	24 F	INFRAL DIRECTOR .			[75n]	DATE REC'D BY REGISTRAP 1756 RE	GISTRAR'S SIGNATURE
DHMH - 17 (VR AT5 ME (5))		E. L. Phellips	1720755 Z	7 N. MONK	OE ST. SF	P 1 4 1987 1 1	a door fradath

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	2	2	7	4	4
	_				

	-	REGISTRAR		CERTIF	ICAIE OF DEATH	REG.	661	4	200
	I. DEC	CEASED NAME FIRST	MIDDLE	0	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE	OR PRINT) KELLY	NICOLE	64	Q LISN		8-7-	-87	12:13m
	3. SEX		4. RACE	5. DATE O	OF BIRTH	6 AGE IN YEARS LAST BE		INDER I YEAR	IF UNDER 24 HRS
		FEMALE	Caucasian	MONTH G	23 87		YRS	ITHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
>		BALTO, MD	USIA	WIDOW		BALT	MORE C	.ITY	MD.
8	10. CI	BALTO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIV OF MO		CAL SYSTEM	120 USUAL OCCUPAT		126 KIND O INDUSTRY	OF BUSINESS OR
5	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	ZIP CODE /	21224	1
	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME . MIDDIE		1-3	
0		Curion and Car	omes Green		Kimberly	L-UKAINIT 1/		emp.1t	on
	16a V	VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	JRITY NO.	17. INFORMANT	ADDE	. 4 40 4	n = 1	1 /200 - 1 / 10
	N	To			Charles T. Gi	reen Jr. ⊨27	12 Fait	Ave.	1/1/20/224
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line for (a), (b), an	id (c).)	. 14			BETWEEN	ONSET AND DEATH
			TE CAUSE (a) CAM	SOIAL	HURREST				Hour
			DUE TO, OR AS A CONSEQU	ENCE OF	A 45.41.			7	εΛ
		Conditions, if any, which gove rise to immediate	(b) C/4/R	DIAC	CATHETURIE	4110N			HOURS
		cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	A	(1	
		underlying cause last.	10 SEVE	RE I	ULMONARY VALL	B STRNOSI	5	6	WUSKS
4	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART III	0
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
1	FIE	8/7/87	PULMONARY	VAIII	UE CITENOSIS	YES NOM	IN CERTIFYIN	IG CAUSES	OF DEATH?
3	CERI	210. ACCIDENT WAS UNDERLYING		VIIIV	21c. HOW INJURY OCCURE			I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR I	01404	COUNTY	STATE
	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	FARM ETC)	SINEEL	CITYORT	J.W.N	COONT	SIAIE
Н			ital) attended the deceased from	81	6 19 87		7 19.	87	that (I) (4) last
		sow the deceased alive on	n 8/7 19_	37.0	nd that in (my) (opinion (death occurred an the	dote and hour ar	nd Irom the	couses stated
		22b. SIGNATURE	T L		DEGREE	1		22c DATE	SIGNED
		Melley	Muy MD		ATTENDING PHYSICIAN	MEDICAL STA		191	7/87
		224. PHYSICIAN'S NAME THE	St Pfort)		22e ADDRESS	1			
		RICHARD	KINGEL MC		34 PENNY	LIANT B	ALT, M	0 2	21209
	- 1	SURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	·	OUNTY	STATE
	E	Burial	Aug. 8,1987 Sa	cred	Heart of Jesus	s Baltimo	re Coun	ty,	Maryland
	24 FU	JNERAL DIRECTOR	_ ADDRESS		250 DAI	15°1 "O" 1987	R 256 REGISTRA	Distribus	PAKETA
	Coc	rea A Wohen &	Sone The -705 S	Ann	Street		0		

DHMH - 16 60M 7/B4

George A. Weber & Sons Inc -- 705 S. Ann Street

TO FUNERAL DIRECTOR about be detached for use with the State Dept. of Hea

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that it, dentities this decided within 24 hours offer death. Pos- retained by the hospital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the III office physician and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then pleas returner continuappers. Pages I and 2 should be filed within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, certified and mental Hygiene prior to burial, certified and mental Hygiene prior to burial, certified and mental menta	IMPORTANT: If them 21 is marked or them 18 shows any injury, or at the medical escapine must be harfised it leads.
	oth. Pag	72 hau	onde.

TO READ TO STORM OF DEATH TO STORM OF DEATH TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL TO STORM OF DEATH THE JOHN OF HORK INS. HOSPITAL THE HORK INS. HOSPITAL THE HORK INS. HOSPITAL THE JOHN			-1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIÊNE / O	27 1 :
EDWARD GREENE A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 A AGE INSTANCE SIZE OF BRITH MALE BLACK TO 17 BALTIMORE CITY OR COUNTY OF DEATH BLACK TO 17 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY BLACK THE JOHN HOPKINS HOSPITAL THE JOHN HOPKINS HOPKINS HOSPITAL THE JOHN HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS	36232	29 AU	G ILL	8 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOUR
S. D. A.E. OF BRITH ALE BLACK 10 T 7		ω£		TYPE OR PRINT)				20 1100K
MALE BLACK 1 10 17 70 YES MARRIED WINDOWS DID 10 CITY OR TOWN OF PEATH U.S. A. WINDOWS DID 10 CITY OR TOWN OF PEATH 11 NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION ITS UNLA OCCUPATION 13 CITY OR TOWN OF PEATH 11 NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 13 CITY OR TOWN OF PEATH 13 CITY OR TOWN OF PEATH 14 JULY AND DESCRIPTION 15 CITY OR TOWN OF PEATH 15 CITY OR TOWN OF PEATH 16 CITY OR TOWN OF PEATH 17 NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 17 NAME OF DESCRIPTION 18 CITY OR TOWN OF PEATH 19 SATITIONES OF WINDOWS 10 SATITIONES OF WINDOWS 10 SATITIONES OF WI	oy b	deo	-		_			
THE BRITHACE (SALE DE WINDOWNED) TO STATE OF THE STORMACE COUNTRY OF DEATH THE STATE ACCOUNTRY	+ =	or. p	3			MONTH DAY YEAR	O AGE (IN TEAKS LAST BIRTHDAT)	
MARKED OF MOVER DO DORGED BALTIMORE CITY MOVED TO DORGED BALTIMORE CITY IN CHY OR TOWN OF DEATH IN CHAM E OF HOSPITAL, NUISING HOME OR OTHER INSTITUTION IT IS LINE OF BUILD THE STANDARD TO MOVE THE MODITY OF THE STANDARD TO MOVE THE MODITY OF THE STANDARD TO MOVE THE MODITY OF	960	aurs	-					
BALTIMORE BALTOR	É	72 ho	20	COUNTRY		MARRIED NEVER MARRIED		
BALTIMORE THE OWNSLOAM MOST OF WORKING LINE THE OWNSLOAM MOST	qeo	hin hin	2					
SOUND TO STORY TO STORY AND STATE OF DERRITOR OF STATE STORY AND STATE OF DEATH OF STATE OF S	offe	the dwil	to attend				(TYPE OF WORK EOR MOST OF WORKING	G LIFE) INDUSTRY
THE TOTAL PART I DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 FOR MAS ACROSS OR OF INJURY OF CONTRIBUTION OF CON	201	tile for	The second second				DISABLED	I KOPPERS LABO
THE PART I DEATH WAS CAUSED FOR CONTROLLING TO OR AS A CONSEQUENCE OF LONG THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PRAIT TO PRA	ND 21	ulled in	3	o. STATE 13b. COU	JNTY 13c. CITY OR TOV	VN 134 INSIDE CITY LIMITS?		
The property of the property o	YLA	2 sho	14	FATHER'S NAME		A	AME	
ADDRESS Section Continue C	MAR	and Sa	911			MADGADET	MIDDLE	
Is Cause of Death Lenter only one course per line for 10 I, 10 II. and if PART I. DEATH WAS CAUSED BY. Immediate Cause (b)	RE,	d cor	1 16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	DANLI
18 CAUSE OF DEATH Enter only one couse per line for 101, 150, and 15 PART I DEATH WAS CAUSED BY DEATH WAS CAUSED BY DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF CARDILO WAS PRESONANT	IMO e ex	Pog.				-1102 HELEN GREEN	E 1935 E. NORTH	AVE.
MMEDIATE CAUSE (o) DUE TO, ORAS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost. Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION TO PART 1.0	SALT ote b	pers ol.		18 CAUSE OF DEATH (Enter of			A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF COURSE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED	T., E	phy n pa may				CO RESCRABRY	MRREST	
DUE TO, OR AS A CONSEQUENCE OF COURSE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED	N S	and and			DUE TO, OR AS A CONSEQU	IENCE OF		
DUE TO, OR AS A CONSEQUENCE OF COURSE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED	EST	多特集	2		(16) 1BP , C	4A Col Pelacows	L 5,	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 10 to 1	W. PR			couse to, stoting the	DUE TO, OR AS A CONSEQU	ENCE OF LA	D. MRCLI Zus	
190 DATE OF OPERATION 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 100 IF YES, WERE FINDINGS LINC ERTHEN NOTIFICATION WAS PERFORMED 100 AUTOPSY? 100 IN CERTIFYING CAUSES OF DE NOW 100 AUTOPSY? 100 IN CERTIFYING CAUSES OF DE NOW 100 AUTOPSY? 100 IN CERTIFYING CAUSES OF DE NOW 100 AUTOPSY?	201 es th	pleo priol,		PART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
OF CONTRIBUTING CAUSE OF DEATH COLOR A.M. MONTH DAY YEAR OF COLOR BUTTER	DS,	Then to bi			CONDITIONS CONTRIBUTIONS	DETINIBUTION RELATED TO THE TEX	MINAL DISEASE ON CONDINGING	SIVERY AND THE
OF CONTRIBUTING CAUSE OF DEATH COLOR A.M. MONTH DAY YEAR OF COLOR BUTTER	ECON W	rmit. prior	=	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		
OF CONTRIBUTING CAUSE OF DEATH COLOR A.M. MONTH DAY YEAR OF COLOR BUTTER	- 41 C	e ho	2				YES NO X	YES NO
220. I certify that (I) (this hospital) ottended the decessed from 19 that (I) (and the course of th	AN. Ahysic		/ 20	an containment of course or as	- 110110 1 11 11011711 0	AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)
270. I certify that (I) (this hospital) oftended the deceased from 19 that (I) (by the hold of the deceased from 19 that (I) (by the hold of the hold	SICI.	certical.	7	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.			
220. I certify that (I) (this hospital) ottended the decessed from 19 that (I) (and the course of th	VISIOI G PHY		/	21d INJURY OCCURRED			CITY OR TOWN	COUNTY STATE
Sow the deceased alive on above. (I) (we kidid) (dur not) view the body offer death. O	a Z	Aft se os solth mar			pital) attended the deceased from	29.89	10 7. CF. 8	7.19 that (I) (we) to
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 270 PHYSICIAN DIRECTOR PHY	TEN	Or U of He				, and that in (my) (our) opinion	n death accurred on the date and i	
PHYSICIAN DIRECTOR PHYSICIAN DIR	A A A A A A A	REC ned f ppt.			not view the body after death.	P DEGREE		22c DATE SIGNED
SP 2 2 2 2 Chop 14 c Zoolg. 2(2) 1 236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 DOCATION	9 4	9		1	1	ATTENDING		8.5.12
236. NAME OF CEMETERY OR CREMATORY 236 LOCATION	PITA	Stol Stol		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION	HOS	FUN uld to			A. /2221.	22 3 2	(ELOD ISAC)	Zoaco. 2122/
	To te	oh show	21	a RUPIAL CREMATION PEACOVA		NAME OF CEMETERY OR CREATATORY		
BP BURIAL 8/8/87 BALTIMORE CEMETERY BALTIMORE,	BP.		((SPECIEV)			BALTIMORE,	COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR WM . C. MARCH F/H, INC. 1101 DORESS NORTH AVE. 250 DATE REC'D. BY REGISTRAR 25) REGISTRAR 25 REGISTRAR 26 REGISTRAR 27 R						NORTH AVE	LE REC'D. BY REGISTRAR 251, REG	ISTRAK SIGNAL

Editor Like 177

AUG

tor page 3 ofter death

led in by the funeral

puo

otho

- STATE

STATE OF MARYLAND

DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE
CERT	FICATE	OF DEATH	

EGISTRAR		CERTIFICATE OF DEA	In O	EG. NO.	2 2	7	01	
ASED NAME PRINT)	FIRST MIDDLE	Greenfelo	20 DATE O	F DEATH MONT	H DAY	NEA 37	26 mg 5 U	R 6
	4 RACE	5 DATE OF BIRTH 190		YEARS LAST BIRTHDAY	IF UNDE	RITEAR	IF UNDER	2.4/HR
nale	White	MONTH DAY	YEAR 79	86	YRS MONTHS	DAYS	HOURS	MIN
PLACE ISTATE OF	FOREIGN 76 CITIZEN OF WHA	COUNTRY? 8 MARRIED - NEVER MARI	RIED 9 BALTIMO	PRECITY OR CO	UNTY OF DE	HTA	-	

WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NO IN SUCH FACILITY, GIVE STREET ADDRESS)

120 HOUSEWATEN 126 KIND OF BUSINESS OF APT. 302 0220 GILLOSO PARTON JI36 COUNTY 13d. INSIDECITY LIMITS? NO

15. MOTHER'S MAIDEN NAME IDA MIDDLE **AARON** NEUMAN

MR. DAVID GREENFELD 166 SOCIAL SECURITY NO 17 INFORMANT 220-40-873

21209 6009 BERKELEY AVE. BALTO., MD

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	y ane cause per line far (a), (b), and (c). BY: E CAUSE (a)	ne with me	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAP ANTAGES MONUMENT MONUM
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
	onditions <u>contributing to death</u> but not related to the tei		
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	TY IN ITEM TO PART I OR PART 2)

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION V	200 AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES 🗌	NO	YES 🗌	NO [
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		It HOW INJURY OCCURRED	(ENTER NA	ATURE OF INJUR	Y IN ITEM TB PART 1 OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY

CITY OF TOWN COUNTY STREET STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 27s.1 certify that (b) if opinian death accurred an the date and hour and Iram the causes stated

saw the deceased above, (II) wer (did) ATTENDING MEDICAL. STAFF

PHYSICIAN

224 PHYSICIAM'S NAME (TYPE OR PRINT) ADDRESS

> 21215 LEVINDALE - BALTO.

S. LEVENSON, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

AUG.18,1987 LUBAWITZ NUSACH ARI BURIAL

ROSEDALE BALTO.

PHYSICIAN

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

160 WAS DECEASED EVER IN U.S. ARMED FORCES

IYES NO OR UNKNOWN)

NO

BALTO., MD

21215

DIRECTOR

Julia Serder-Radaes

STATE

MD

AT HOME

BERGER

A 021209

DHMH - 16 60M 7/B4

BP.

MEDICAL

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. IMPORTANT: should be

certificate has the burial-transit per and Mental Hygiene

(VRA 15, 4)

AUG 20 1987 (12 January 2015)

£ .

page

	DEPARTM	ENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE B REG. NO	20319	27	47	
		AST	20 DATE OF DEATH MONTH & DAY PLAT 25 HOUR					
L. G		RIFFIN	August 23			5:41 W		
. RACE 5. DATE C			6. AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
Whit		Oct.	9, 1917	69	YRS			
USA USA WHOWE		NEVER MARRIED	Baltimore City of			MD		
1. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY STREET ADDRESS) St. Agnes Hospita			R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home				
THER INSTITUTION	136. CITY OR TOWN Balto	١ ١	13d. INSIDE CITY LIMITS?	1	zip code Rd.	, 2121	. 2	
IDDLE	Noel		Ethel	AME Lloyd Lloyd				
MED FORCES? 166 SOCIAL SECUR		OIA VIII	17. INFORMANT	ADDRE:	SS			
	100 SOCIAL SECON	KIII NO.	II II OIGHAIT					
van OR DATES) one couse per BY.		2414	Robert L.	Griffin,	Pasa	APPROXI	MD MATE INTERVAL INSET AND DEATH	
one couse per BY. CAUSE (a) DUE TO, O	220 05 :	2414 Pulmo NCE OF	Robert L.	Griffin,	Pasa			
y one couse per BY. CAUSE (a) DUE TO, O (b) DUE TO, O (c)	PRAS A CONSEQUE	PULMO NCE OF	Robert L.	farction		APPROXI BETWEEN C	MATE INTERVAL INSELAND DEATH	
y one couse per BY. CAUSE (a) DUE TO, O (b) DUE TO, O (c)	PRAS A CONSEQUE	PULMO NCE OF	nany arrest	CANCLIONS MINAL DISEASE OR COND	DITION GIV	APPROXU BETWEEN C	MATÉ INTERVAL INSET AND DEATH	
one couse per BY, CAUSE (a) DUE TO, O DUE TO, O (c) ONDITIONS (c)	Prine for (a), (b), and Cardio	PULMONCE OF NCE OF	nany arrest	farction	DITION GIV	APPROXI- BETWEEN C	MATE INTERVAL INSET AND DEATH	
V ONE COUSE POR BY. DUE TO, O (b) DUE TO, O (c) 19b. CONDITIONS CO	PLINE FOR WHICH	NCE OF DEATH BUT	Robert L. nany arrest pocardial, n NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUM	MINAL DISEASE OR CONC	20b. IF YES IN CERTIF YE	APPROXI- BETWEEN C	MATE INTERVAL INSET AND DEATH IGS USED OF DEATH?	
ONDITIONS CO	PRAS A CONSEQUE ONTRIBUTING TO D OF INJURY M. MONTH DA M.	NCE OF DEATH BUT OPERATION OPERATION 19	Robert L. nony arrest yo cardial in NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEASE OR CONE 200 AUTOPSY? YES **EXECUTE: SEXIE!	20b. IF YES IN CERTIF YE IY IN ITEM 18 P	APPROXI- BETWEEN C	MATE INTERVAL INSET AND DEATH IGS USED OF DEATH?	
One couse per BY. CAUSE 10) DUE TO, O CO DUDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	PER INJURY MEET, FACTORY, OFFICE, FACTORY The deceased from The property of	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC)	Robert L. non arrest yo cardial .n NOT RELATED TO THE TERM WAS PERFORMED 211. HOW INJURY OCCUM 211. LOCATION STREET	WIN AL DISEASE OR CONE 200 AUTOPSY? YES NO. S. RRED (ENTER NATURE OF INJUR CITY OR TOU	20b. IF YES IN CERTIF YE IY IN ITEM IS P	APPROXIBETWEEN COUNTY	O CONTRACT OF THE STATE	
One couse per BY. CAUSE 10) DUE TO, O (c) DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	PR AS A CONSEQUE ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FA The deceased from 19	NCE OF NCE OF OPERATION OPERATION ARM ETC) OPERATION OPERATI	Robert L. non arrest yo cardial .n NOT RELATED TO THE TERM WAS PERFORMED 211. HOW INJURY OCCUM 211 LOCATION STREET	WIN AL DISEASE OR CONE 200 AUTOPSY? YES NO. S. RRED (ENTER NATURE OF INJUR CITY OR TOU	20b. IF YES IN CERTIF YE IY IN ITEM IS P	APPROXIBETWEEN COUNTY	IGS USED OF DEATH? NO STATE	

Carla Rosenthal, MD

Jessop Cemetery

3400 Brehms Lane, Balto., MD

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 9/1/87

(ana work

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY STATE

24 FUNERAL DIRECTORH . W . DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFICATION

FOR - STATE REGISTRAR DNAME

> COUNTRY MD

130 STATE

MD 14 FATHER'S NAME FIRST

Female

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Baltimore

Michael

(YES NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT

60 WAS DECEASED EVER IN U.S. ARMED FORCE

18 CAUSE OF DEATH (Enter only one cou-

PART 2 OTHER SIGNIFICANT CONDITIO

PART I. DEATH WAS CAUSED BY.

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying couse lost.

190 DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE 220.1 certify that (I) (this hospital) attend

> sow the deceased alive on. above, (1) (me) (did (did not) view the

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

3. SEX

FIRST HAZEL

MIDDLE

LIF YES GIVE WAR OR DA

IMMEDIATE CAUSE I

136 COUNTY

Jenkins & Sons Co.

21212

250. DATE REC'DE BY REGISTRAR 25% REGISTRAR'S SIGNATURE
CED 1 - 1087

Sparks

MD

.

198 T 388

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	7	4	Š
REG. NO.				_

4 1 7 2 AUG	BI	FOR STATE GISTRAR			DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	27	74	8
100	I DE	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH - MC	DAY DAY	Y YEAR	2h HOUR
poge 3	23	CORPRINT	Join	ies .	Н.	G	riffin		8 24	187	75-AN
E G D	3. SE	Х		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		UNDERTYEAR	IF UNDER 24 HRS
4		M		Black	<	MONTH 9	7 30	56	YRS	NIHS DAYS	MOURS MIN.
neral dir.		IRTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTYO		MD
by the fulled with		Baltimo	re	(IF NOT IN SU	1991 H	Spita	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W SECURITY		INDUSTRY	F BUSINESS OR
n 24 hou	130	AL RESIDENCE (IF NU STATE	13b COUI	VIY	131. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / Z 1601 CHILTO		EET 21	218
red within	14 F.	THOMAS		MIDDLE	GRI	FFIN	MAGGIE	ME MIDDIE		RO	BINSON
ond coges		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS			
n and con medica		NO	18 163,01	to the on Dates,	220-24-	0028	HARRIET GRAY	1601 CHILTO	N STR	EET 21	218
ng physicic bon popers removol. c event, the		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one cause pe D BY: TE CAUSE (a)	r line for (a), (b), o	nd (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
equires that the dea signed by the atte Then please remove to buriol, cremation njury, or other troum	NO	Conditions, if an gove rise to in cause (a), statunderlying cause	nmediate ring the se last	(c)_	Se Ve	JENCE OF	LIVER FUIL CHE NOT RELATED TO THE TERM		ION GIVEN	IN PART 110	
he low re ion. hos been it permit.	CERTIFICATION	190 DATE OF OPER		19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Ob IF YES, V N CERTIFYIN YES [WERE FINDIN	GS USED OF DEATH? NO
PHYSICIAN: The Inding physicion this certificate has buriol-transit pe buriol-transit pe d Mental Hygiene d or fem 18 shows		OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH I .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IF	4 ITEM T8 PART	() OR PART 2)	
offer this as the but the ord M	MEDICAL	WHILE NOT WAT WORK AT WORK	WHIIE		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
spitol or CTOR A for use of Heoli		22a. I certify that (sow the decea abave, (I) (we)	sed alive an	0/7	4 19	87 , or	d that in (my) (aur) opinian	death accurred an the date			that (I) (we) last causes stated
TAL OR A by the hose RAL DIREC detached tote Dept.		22b. SIGNATURE	type	1 1	god	AK		MEDICAL STAFF DIRECTOR PHYSICIAL	NA	22c. DATE 8/2	SIGNED 6
TO HOSPITAL of the catolined by the TO FUNERAL I should be detected with the State I IMPORTANT: If		22d. PHYSICIAN'S N Step	hen	J. 6	ordin		% ADDRESS	1 ///	a/		
BP		BURIAL, CRÉMATION (SPECIFY) BURIAL	, REMOVAL	23h DATE 8/27/			EMETERY OR CREMATORY	ANNE ARUN		co.	STATE M
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	WM. C. MA	RCH F/	Н 1101			25000	278987 RAR 258	REGISTRA	R'S SIGNAL	With the last of t

AUG 27 1967

retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

	REGISTRAR						REG			
(DECEASED NAME	FIRST	1	MIDDLE	L.	AST	20 DATE OF DEATH	HONTH	DAY YEAR	26 HOUR
	TYPE OR PRINT)	Noah	Ja	mls	61	ri90	8.14,	87		1330
3.	SEX	4.	RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY}	IF UNDER 1 YEAR	
	IVALE		WHIT	E	Augo	+ 15 1000	_	YRS	1	
70	BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
7.	MARYLANI			S.A.	WIDOWE	D DNORCED		LTIMOR		TY
10"	BALTIMOR	. /		H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSINES
5	SUAL RESIDENCE ()F. 130 STATE	138. COUNT	Υ	13c. CITY OR TOWN	4	134 INSIDE CITY LIMITS? YES NO 124	134 STREET ADDRES		DR. 2	1043
3	FATHER'S NAME FIRST		LEE	GRIG	0	15. MOTHER'S MAIDEN N. BRENDA	MIDDL	W	Või	ELKE.
2	YES, NO OR UNKNOWN	ER IN U.S. ARM	ED FORCES?	166. SOCIAL SECUR	RITY NO.	KENWETH L. G.	AD	DRESS 3330 E	LKOD	R.
s any injury, or our						NOT RELATED TO THE TER.	MINAL DISEASE OR C	20b IF YE	VEN IN PART 1 S, WERE FIND FYING CAUSE	INGS USED S OF DEATH
									ES T	
	21a. ACCIDENT WAS	UNDERLYING	21b. TIME O			21¢ HOW INJURY OCCU	YES NO			NO 🗆
7 41	OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c HOW INJURY OCCU				NO []
7 2	OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	CAUSE OF DEATH	HOUR A	M. MONTH DA M.	19	216 HOW INJURY OCCUP 216 LOCATION STREET	RED (ENTER NATURE OF			
7 27	OR CONTRIBUTING (IF ETIMER NOTIFY). 21d. INJURY OCC WHILE AT WORK 22d.1 certify that saw the dec above, (h) (w)	CAUSE OF DEATH	HOUR A P 21e. PLACE (IAT HOME STR	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA deceased from 19	August on	21f LOCATION STREET 13 19 27 and that in (my) (our) opinion	CITYO	RIOWN	COUNTY 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	sta , that (I) (we e causes state
7 61	OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC WHITE AI WORK 22a.1 certify that saw the dec	CAUSE OF DEATH MEDICAL EXAMINER) TURRED TWHILE WORK I (1) (this hospital	HOUR A P 21e. PLACE (IAT HOME STR	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA deceased from 19	August on	211 LOCATION SIREE! 13 19 37 nd that in (my) (our) opinion DEGREE ATTENDING	CITYO	INJURY IN ITEM 18 IF TOWN I U e date and has	COUNTY 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	sta , that (I) (we
7 41	OR CONTRIBUTING (IF ETIMER NOTIFY). 21d. INJURY OCC WHILE AT WORK 22d.1 certify that saw the dec above, (h) (w)	CAUSE OF DEATH MEDICAL EXAMINER) EURRED WORK 1 (1) (this hospito eosed alive an e) (did) (did not)	HOUR A P 210 PLACE (IAT HOME STR DI) attended th Nurse view the body	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA deceased from 19	August on	211 LOCATION SIREE! 13 19 37 nd that in (my) (our) opinion DEGREE ATTENDING	to A WAYS	INJURY IN ITEM 18 IF TOWN I U e date and has	COUNTY 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	sta , that (I) (we e causes state

STATE OF MARYLAND

062	678 AUG 1	18	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 7 5 CERTIFICATE OF DEATH REG. NO.	
	pool 3	TYPE	EASED NAME FIRST OR PRINT!		
	Page 4 mi	3. SE)	MALE ITHPLACE (STATE OR FOREIGN	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 7. CITIZEN OF WHAT COUNTRY? 8. AGE (IN YEARS LAST BIRTHDAY) 16. AGE (IN YEARS LAST BIRTHDAY) 17. CITIZEN OF WHAT COUNTRY? 18. UNDER 14 HOURS MIN YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH	
•	funeral doord	N	OUNTRY) Y OR TOWN OF DEATH	MARRIED NEVER MARRIED TO THE MOON OF THE	MD.
1201	ours ofte	BA	I RESIDENCE (IF NURSING HOME OR	South Stranger address) South Stranger General Appin (1496 OF) ORM FOR MOST OF WORKING LIFE! INDUSTRY E OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!	
YLAND 2	rhug 24 h	M	THER'S NAME	15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	_
RE, MAR	d mindle	Jan V	AS DECEASED EVER IN U.S. AR	RS. LO. MO. 2122	5
BALTIMORE, MARYLAND 2120	ysician and opers. Page		Yes WW	and one couse per line for 101, (b), or or 1	H
TON ST.,	death certificat attending physi ove carbon pap trion, or remove coumatic event,		IMMEDIAT	DIATE CAUSE (0) CARDIO YU MON ARY ORRES / 28 MIN DUE TO, ORMA A CONSEQUENCE OF	-
W. PRESTON	by the atter by the atter sse remave of cremation, ather troum		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
	quires the	NO	PART 2 OTHER SIGNIFICANT C	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	=
DIVISION OF VITAL RECORDS, 201	on. has been to permit 1 permit 1 permit 1 inche prior	CERTIFICATION	8 11 87	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
N OF VIT	HYSICIAN: TI ding physicia is certificate burial-transil Mental Hygi ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL LIFETHER NOTIFY MEDICAL EXAMINER	DEATH HOUR A.M. MONTH DAY YEAR INER) P.M. 19	
DIVISIO	or ottending PHY are of the builth and Marked or narked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE	_
	OR ATTEND to haspital of DIRECTOR. Sched for use Dept. of Hec		saw the decorred alive on.	on 19 1, and that in (my out) opinion death occurred on the date and hour and from the couses stated not) view the body after death. DEGREE 1220 DATE SIGNED)st
	SPITAL OR I by the h VERAL DIR be detached be detached and if the Ann: If the		278-RHYSICIAN'S NAME (TYPE O	WINDING MO ATTENDING MEDICAL STAFF 8-11-87	_
	TO HOSPITAL (retained by the TO FUNERAL I should be detoined with the State [IMPORTANT: IF		WRIAL, CREMATION, REMOVAL		=
	BP		Burial		d.
	DHMH - 16 60M 7/B4 (VRA 15, 4)		NERAL DIRECTOR Cully Funera	237 F. Patapsco Ave., AUG 13 1007 AUG 13 1007	· ·

THE RESERVE OF THE PARTY OF THE AND THE RESERVE OF THE PARTY OF

Tone 2.1 BUA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 r		TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after	motion, or removal.	MADORIANT. If ham 21 is marked or from 18 shows any injury or other fraumatic away. The medical examiner made hands that of other
DIVISION OF VITAL RECORDS	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requ	etained by the haspital or ottending physician. 3 4 5 4 3	TO FUNERAL DIRECTOR After this certificate has been si	should be detached for use as the burial-transit permit. The	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Nam 21 is marked or Item 18 shows one initial

		II	tems 1/4/3	ber blow	STATE	OF MARYLAND				
140	AUG	31-	FOR S/31/87 I	DEPAR		EALTH AND MENTAL HYO ICATE OF DEATH	0 /	2 2 1	751	
			EASED NAME FIRST	MIDDLE	1	AST	REG. NO	MONTH DAY	4 YEAR TO HOUR	
moy be page 3		(TYPE	ORPRINT) Mar	fin	G	roh	20 DATE OF DEATH	8/22	187 26. HOUR	50 M
To de	72	3 SE	4	RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		IDER 1 YEAR IF UNDER 24	
irector,		1 0	M	WHITE	MONTH	p/24/14	73	YRS		MIN.
2 40	OX		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	MARRIEI	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH A.L	
deol uner	6	7	IN	un	WIDOWE		Dal	Timo.	re 414	MD
he f	John Company	1ge	Y OR TOWN OF DEATH	I. NAME OF HOSPITAL, NUR!	SING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND OF BUSINESS	SOR
s of	96	1	unnove	Libertoyn	Wed!	-Al CENTER	un		un	
hour J in	Spe	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF OT TATE 136 COUNT)	HER INSTITUTION GIVE RESIDENCE BEF		1134 INICIDE CITY I MAITCS	La STREET ADDRESS	710 0000	0000	00
filled ould	E	150.	MNKD LLN	WAI TANK	A)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
ithin tely 2 sho	e e	14. FA	THER'S NAME	NO. TOWN	70.	15 MOTHER'S MAIDEN NA	ME CONTRACT	·		
amplet ond	1699		EIRST MI	DOLE LAST		FIRST	MIDDLE		LAST	
- 0-	9//	14a V	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SE	CUDITY NO	17 INFORMANT	ADDRE	CC		
be executed and cris. Pages	medicol			VAR OR DATES)	CORIT NO.			NTER -	578-2397	7
40 N 64 - 1	the .		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b),	and (c).1		A		APPROXIMATE INTERVA BETWEEN ONSET AND DE	AL
g phy on po	eyent.		PART I. DEATH WAS CAUSED IMMEDIATE	BY.	diop	ulmonar	4 Arre	st		
th ce	ofic			DUE TO, OR AS A CONSEC	DUENÇE OF	0.1	11			
dep dep	00		Conditions, if ony, which	(1b) (as	CIAC	ma of the	ne lun	9		
the the	-1-1-		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF					7 3
by by	¢		underlying cause last	(c)	OLIVEL OI					
S 4	7. 0.	2	PART 2 OTHER SIGNIFICANT CO		O DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	OTTION GIVEN IN	V PART 110	
signification of the bental of	200	Z	PostAh	structil	27		a MA			
v re	271	CATION	19g DATE OF OPERATION	196. CONDITION FOR WHICE	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED	
os b	10 SMO	윤				THE TEM SIMES		IN CERTIFYING	CAUSES OF DEATH?	7
	2	CERTIFI	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. HOW IN HIRV OCCUP	YES NO	YES [NO 🗌	
	18		OR CONTRIBUTING CAUSE OF DEATH	LIGUE A LL LLONITLL	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I	DR PART 2)	
SIC Ger Ger Ger Ger Ger Ger Ger Ger Ger Ger	Fe d	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	To D	MEDI	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.)	211. LOCATION STREET	CITY OR TO	wn (COUNTY STAT	TE
the the	morked	-	AT WORK AT WORK		4					
A A A See A	E	A	22a 1 certify that (1) (this haspital	pttended the deceased from		USTS 19 8-1	10_ Augu	5700 19	that (I) (we) last
prito prito for of the	21	1	saw the deceased alive on abave, (I) (we) (did) (did nat):	August 2219	X+ , on	d that in (my) (aur) apinian	death accurred on the do	te and hour and	fram the causes state	d
X + X 0 0	Hem		226. SIGNATURE	. / //	(DEGREE			22c DAYE SIGNED	
, E	*		Ylean	or V. His	Lon	MI) ATTENDING PHYSICIAN P	MEDICAL STAF		8/22/8	7
HOSPITAL med by the FUNERAL uld be det	Z		224 PHYSICIAN'S NAME TYPE ORP	RINT)		22e ADDRESS	A >		7	
TO HOSP retained b TO FUNE should be	MPORTANT		Elean	or Y His	100 11	1 924 1	N. NOVY	hAn	o Ralt	1(1)
of of short	<u> </u>	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CI	EMETERY OR CREMATORY	23d LOCATION	1100	10-1	TALL
BP			Removal	8-25-87	11	N	CITY OR TOWN	COL	TATE YINU	I ±
DHAM 14 4011	7/04		INERAL DIRECTOR			25e. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR"	SSIGNATURE	
DHMH - 16 60M (VRA 15, 4)		C.	ate Anatomy E	Board Balt		AU AU	627 1987	ruha David	son fandase	
		L)	acc anacomy i	Daru Daru	U. PI	4.	- 1001			1

FT		0.5	66			
21	Ait	UF	M.	AKT	LAND	

REG. NO.	2	2	7	5
REG. NO.				17.0

	4 1 60				STATE OF MAKILAND		
06277	S AUC I	47	FOR	DEPARTMEN	NT OF HEALTH AND MENTAL HYC	SIENE	· h
00211	J AUG 19	AD4	STATE		ERTIFICATE OF DEATH	8/27	2 / 5 2
	1	Al In	REGISTRAR		tanneatt of Stann	, REG. NO.	-
	101		EASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH D	YEAR 26 HOUR
e e	6 t	(TYPE (DR PRINTI	Managaite	G h = 1=	A. t	13 1987 6:00Am
× ×	poge 3		NEILIE	MArqueritE	Gruber		
90	d 5	3. SEX	4	RACE	DATE OF BIRTH		FUMBER I YEAR IF UNDER 24 HRS
4	ofter p	7.	= 1 0/=	Parairel	MONTH DAY YEAR	1 // 0	ONTHS DAYS HOURS MIN.
Poge	urs Urs	> [EMPLE	CAUCASIAN I	Oct. 20, 1908	/ O YRS	
4	P P P	7a. BIR	THPLACE (STATE OF FOREIGN 7	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
t o	8 73	HE	in field. Md.	11 (-1		BALTIMOVE	a chital wa
9	5	10.00			HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION	1% KIND OF BUSINESS OR
i i	e X Me	10. CO	1 Og TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADD	PRESS)	(TYPE OF WORK FOR MOST OF WORKING HEE	
5 0	73/2	15	ALTIMORE	3900 North	Charles Street	SALES	TEXTILE
120	be be	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	MISSIONI		
, h	d b	13a S	TATE 136 COUNT	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS/ ZIP CODE	CL 212101
2 2	HH only		No.	BALLIM	OVE YES NO [3900 N. Charles.	25 <12/8
YLAND thin 24	sh sh	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
8 3	d d	1		IDDIE LAST	/ (FIRST	€ MIDDIE	CI -
¥ P	exe ond	1	t (VE Y	MAYBAUG	n Lula	C.	JCEM_
m, to	0 0			NED FORCES? 166. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	
Q ×	Poges medico	[1	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	20:3/		
<u> </u>	rs. Po		110	213-09-3	3936 Louis Sill	oerstein, Ba	lto., MD
BALTIMOR	0 0		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (11 (12)		BETWEEN ONSET AND DEATH
. =	phy movo vent		PART I. DEATH WAS CAUSED	BY Carling	1 1 - 11 -	ner	hours
N ST.,			IMMEDIATE	CAUSE (a) CAVOIO- TE	Spiracold Cil	pse.	// GU/S
Z	corbon corbon notic ev			DUE TO, OR AS A CONSEQUEN	CE OF 1	1 (11 (1	- (
ESTOR	E E		Conditions, if ony, which		ESTINAL hEMOYY	HAGE AND HUID loss	15 DAVS
W 70	emove c motion, r troum		gove rise to immediate	(6)			
W. PRESTON ST.	4 0 0 0		cause (a), stating the	DUE TO, OR AS A CONSEQUEN		()) .	1 00 161-
Not to	by ose		underlying cause last	(CArcinon	MA COLON - WICE	SPEEDE METASIS	6 MINTERS
201 es th	pleo priol,		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
, SO	sign hen o b juny	Z	m 1 1 1 . A	1 1) /	
ORE	5 T T	CERTIFICATION	METASTATIC CA	NEER ED LIVER 1	ungs bons, hy	PETTENSION	
3	beright on)	N I	190 DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	N S S S S S S S S S S S S S S S S S S S	Ĕ	T. 5 1987	Colonic obst	ruction - tumor	YES NO X YES	
A T S	sho	~	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM IB PA	
> Z &	0 0 T 8 0	ŭ	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	CONTRACTOR AND ALCOHOLD DAY		THE TENTER NATURE OF INJURY IN TEM IS PA	KI (ORPARI 2)
O O	certificate priol-transit ental Hygi Item 18 sh	AL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
YS Y	buriol-tronsit Mental Hygier or Item 18 sha	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ZII. LOCATION	***	
SIC PH		AE N		(AT HOME, STREET, FACTORY, OFFICE, FARA		CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL RECORDS, ING PHYSICIAN, The low require offending physicion.	After the os the olth and morked		AT WORK NOT WHILE				
0 00	s morl		22a.1 certify that (I) (this hospite	al) ottended the deceased from	3-18 19-87	10 8-13	9 , that (I) (we) last
2 5	H H	2.2	saw the deceased alive on_		7 and that in (my) (our) apinion	death occurred an the date and hour	and from the couses stated
TATT	DIRECTOR sched far u Dept. of Hi If Hem 21 is		abave, (1) (we) (did) (did not				
8 4 8 4	DiRE Dept F Hen	1	226 SIGNATURE	7 0 11	DEGREE		226 DATE SIGNED
the C	. 4	3.71	91:11:	X DE // N	1 D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/13/1987
ATA	111 D 10 -		22d PHYSICIAN'S NAME (TYPE OR	DRINT	22e. ADDRESS	A DIRECTOR THISICIAN	1,-111
HOSP!	JNE d be she S RTAR		THE OR STANKE (TYPE OR	0 11		11- 211:	C -
J. E.	should be with the importal	72	William K	DEIL MD	600 N. Wolfe S	C. PALTIMORE, M.	d. 21205
5 e	Ot show	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	
		(3	SPECIFY)			CITY OR TOWN	COUNTY
BF		Ent	combment	8/17/87 Dru	id Ridge	Pikesville;	ME
DELIAME	1 - 16 60M 7/84	24. FU	NERAL DIRECTOR H. W.	Jenkins & Sons	CO 2121210	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires tho Lather retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the pitending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to busials, cernations.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ather traumatic event, the

AUG 21

STATE OF MARYLAND

1.	STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICATI		ENE 2 2	1 3 5	
87	CEASED NAME FIRST	MIDDLE	LAST		REG. NO. 4	DAY YEAR	In nous
	E OR PRINT)	Mode	1	39-	20. DATE OF DEATH MONTH	DAY TEAR	26 HOUR
0.05	Chillip		GUADA	SNA	y	15 81	12 PM
3. SE		4. RACE	5. DATE OF BIRTY	ADAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
	MALE	WHITE	61	4 18	69 Y	RS.	
	TRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH	
	MD.	USA	WIDOWED.	DIVORCED	BAHMORE	City	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		ER INSTITUTION	120 USUAL OCCUPATION	MG LIFE) INDUSTRY	OF BUSINESS OR
RA	Hamode (144	DEATON HOSO, Y	med. Center-	- South	P1101001 1980	NG LIFE) INDUSTRY	10
USU	AL RESIDENCE IN NURSIDA HOME OR	OTHER INSTITUTION GIVE RESIDENCE			0	7-	1231
	May and	ISC. CITT OK	TIMORE YES		13e.STREET ADDRESS / ZIP	A Deina	ST
	ATHER'S NAME	MIDDLE A LAS	15. MC	THER'S MAIDEN NAM	E		
89	Aillie GUKNOW	N GUADAG	-NA	UNKNOW	IN CONCRETTA	SAL	ist A
16a \			SECURITY NO. 17 IN	FORMANT,	ADDRESS		2/231
	WINDOWN IF YES GIV	La OR DATES) 218-	01-1041	PHillis	Du Bicki	2155,	Wolfes
	18 CAUSE OF DEATH (Enler on	nly ane couse per line for (a), (b), and ici.)		14	APPRO)	XIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	2 disolon	mous for	lur		Once And Death
	IMMEDIAI		0.00				
	Canditians, if any, which	DUE TO, OR AS A CONS	EQUENCE OF LASLACE	Adenocar	overd	100 PM	
	gave rise to immediate	(b)	Hund- C	, ,,, =,,eq,o _M	<u> </u>		
	cause (o), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				
	DIOTO CONTROLOGO VICTORIO	(c)					
Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	STO DEATH BUT NOT RE	ELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART I	la
MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FIND!	INGS LISED
문	THE DATE OF CLEANION	The Condition Tox V	THE TOTERATION WAS	TERI ORMED	INCI	ERTIFYING CAUSES	S OF DEATH?
1 ×	21g. ACCIDENT WAS UNDERLYING	3 216 TIME OF INJURY	101 11		YES NO	YES	но 🗌
Ü	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	A IB PART 1 OR PART 2)	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		49		
(ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 10	OCATION STREET	CITY OR TOWN	COUNTY	STATE
2	AT WORK NOT WHILE	(Actom, of	Trice, Fahrm, ETC y				
	22a. I certify that (I) (This haspit	tal) ottended the deceased f	rom7/3/	. 19 87	. 10 8 //5	19 57	that (I) (we) last
	saw the deceased alive on	1) view the body after death.	19_57 and that	in (my) (our) opinion de	eath accurred on the date and		See
	226 SIGNATURE	i view the body after deoth.	DEGREE			22c. DATE	ESIGNED
	2 6		MD	ATTENDING	MEDICAL STAFF	1 8/1	5/87
	22d PHYSICIAN'S NAME (TYPE O	R PRINT)		DDRESS	DIRECTOR PHYSICIAN	01.	101
	8 (fol		er el K	14 co . 1	Har. L.	
22. 6	1 1 7 (4	100	23 14445 05 05	7 200	Tourse Mary	1009	
230 E	BURIAL EREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETER		23d LOCATION	COUNTY	STATE
24 54	RemitTION	AUG-17-87	003(0)	ew	01-110		MD.
14.11	WHERAL DIRECTOR	ADDR	RESS . A P	254 BAJE	PEC 9 BY SE TRAR 256 RE	GISTRAR'S SIGNAT	TURE
)	midsfell. 1	1/ce 322	J. Heal	37	. 4	margar.	andall

Z 2

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TENER LES DE LE LES DE
062138

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22754

	REGISTRAK			CENTIL	ICAIL OI DI	Atti	REG. NO.,			
O B	EASED NAME FIRST	A	DDEE		AST		20 DATE OF DEATH MONTH	DAY YEAR		26 HOUR
TITIE	HENRY	Thu	man	GU:	LLEY		AUGUST	3,19	87	11:20
3. SE	X	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y		IF UNDER 24 HRS
	Male	White	9	Octo	ber 22	1931	55 YRS	MONTHS DA	415	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	D NEVER M	ADDIED []	9 BALTIMORE CITY OR COUN		4	
200	ennessee	U.S.A.		WIDOWE	D DIV	ORCED 🗌	BALTIMORE CI	TY		ME
В	ALTIMORE	THE JOI	OSPITAL, NURSING EACHTY, GIVE STREET A HN S HO	PKIN			126. USUAL OCCUPATION (Type of work for most of working Carpenter	LIFE) INDUST	TRY	BUSINESS OR Contrac
13a N	-cary ramia	OTHER INSTITUTION, C	Baltimor	7	1	NO []	13e STREET ADDRESS / ZIP CO #2 Bristol Ave	DE enue 2	212	25
4 FA	ATHER'S NAME Carl	MIDDLE	Gulley	Ť		maiden na <i>n</i> Rst di th	AE MIDDLE	===	LAST	
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMAN	T	ADDRESS			
(100	rean	412-46-5	582	Eleano	r Gull	ey Same as 1	.3e		
-	18 CAUSE OF DEATH (Enter or	ly one cause per l	ine for (a), (b), and	I (c).1				aetwi	ROXIM EEN OF	ATE INTERVAL
	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (o)	ntracro	Leini	heno	chest		3	di	a ys
	Conditions, if any, which	-	AS A CONSEQUE		2012			3	Cul	reeks
ш	gove rise to immediate)			7019					
П	cause (a), stating the underlying cause last.		AS A CONSEQUE	NCE OF	lognor	, 10	W.	4	m	.01
Н	PART 2 OTHER SIGNIFICANT	107					NAL DISEASE OR CONDITION G	IVEN IN DAD	Lla	
No				27177	TO THE CALL	O THE TERM	THE DISEASE ON CONDINION C	TIVE IV II V CAN	110	
IFICATION	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	IN CER	ES, WERE FIN TIFYING CAU		
CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM TO		21	NO []
-	OR CONTRIBUTING CAUSE OF DE	sin .	MONTH DA							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.N 21e. PLACE O		19	21f. LOCATIO	V				
MEI	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	20	CITY OR TOWN	COUNTY		STATE
	220 1 certify that (17)(this hospi	tal) attended the	deceased fram_	710		19 77		1987		not(I)(we) last
	sow the deceased alive on abave (1)(we) (did) (did no	8/3	19 8	7, 01	nd that in my	our) opinion d	eath accurred on the date and h	our and from	the co	auses stated
	22b. SIGNATURE	it view the body o	rrer deam.		DEGREE			22c D	ATE S	IGNED
	Inal MM.	0				TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1	17	102
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT!	UN		22e ADDRESS		WOLFE STREE	m DA	TIT	10 M
	Fred W	11:6mg				chas t		-/	212	O., MI
23a F	BURIAL, CREMATION, REMOVAL	23b. DATE	123c N	AME OF C	EMETERY OR CI		123d LOCATION	1111 2	1 2	0.5
	(SPECIFY) Burial	8/7/8	0-	aryla		erans -	CITY OR TOWN	COUNTY	A	STATE
24 FL	UNERAL DIRECTOR					No of Oh of	t. Crownsville			Md
	eorge J. Gonce	4001 Ri	tchire Hg	wy Ba	ulto Md	HUDE	1987			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 HOSEITAL OR ATTENDING PHYSICIAN THE

TO FUNERAL DIRECTOR: After this certifical to the control of the base as the buriol-transition of the property of Health and Mental Magness print to buriol the state Dept of Health and Mental Magness print to burion the TS from them 18 shows the print to burion.

TUSUA

3 AUG I	FOR TE SISTER MASSIME	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 7 12 5 UR
	DECEASED NAME FIRST TYPE OR PRINTIN	ALL ARRAMS	GUTIN	8 10	187 3:28 AM
3.	SEX MALE	4. RACE WHITE	5. DATE OF BIRTH "JULY 25", 1987	6 AGE IN YEARS LAST BIRTHDAY) IF UN MONT	DER I YEAR IF UNDER 24 HRS. 16 HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X		DEATH
1 1 11	ALTIMORE	11. NAME OF HOSPITAL, NURSIN	OF HOME OR OTHER INSTITUTION		26 KIND OF BUSINESS OR NONE
35 13	SUAL RESIDENCE (IF MURSING HOME OF BOOK OF BOO	BALTO. BALTO	YES NOTE NOTE	13. STREET ADDRESS, 728 CODE RI	. #21208
138	FATHER'S NAME FIRST AWRENCE	MIDDLE GUTIN	15 MOTHER'S MAIDEN N	CA MIDDLE HA	ARRIŠ ¹
161	WAS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES) NONE	IRITY NO. 17 INFORMANT I	LAWRENCE GUTIN OUTH RD. BALTO	MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r ather traumatic ev	Canditians, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) PULIM DUE TO, OR AS A CONSEQUE (c) RESPIRAT	ENCE OF ON ARY INTERSTI- ENCE OF DRY DISTRESS SY	YNDROME, PREMATURITY	15 DAYS
9	PART 2 OTHER SIGNIFICANT	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
1/)	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D JIF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED HILE NOT WHILE A HORK AT WORK	HOUR A.M. MONTH D	AY YEAR 19 21f LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18. PART I	COUNTY STATE
# Nem 21 is mor	22a I certify that (this has saw the deceased alive a	pital) attended the deceased fram. AUSUST 10 19 Out) view the body after death.	DEGREE ATTENDING	n death accurred an the date and haur an	, mar (ii (ii o)
IMPOSTANT	PETER M. H	ANEY MD P	22e. ADDRESS	23d LOCATION	more
_	SOL SOL	AUG.11,1987 F	IEBREW YOUNG MEN	BACTIMORE ATE REC'D. BY REGISTRAP 236 REGISTRAP	MARYLAND STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

BALTO . ADDREMD

21215

250 DATE REC'D. BY REGISTRA 236 REGISTRAR'S SISMATURE